

# TFED SWITCH KIT

## AUTOMATIC PAYMENT CHANGE REQUEST FORM

Complete this form and send to any merchant/payee that currently withdraws payments from your account. Print as many copies as needed.

### Mailing Information:

	Name of Merchant/Payee
	Address
	City, State, Zip Code

To whom it may concern,

I am requesting to change my Automatic Withdrawal from:

Current Financial Institution	Routing Number	Account Number

I have recently changed my financial institution and would like to have my automatic withdrawal switched from my previous account to the new account listed below. As per our original agreement, I authorize \_\_\_\_\_ to make automatic payment withdrawals.

Financial Institution: TFed Credit Union 14 Church Green, Taunton, MA 02780	Routing Number: 211386115
Account Number: _____ <input type="checkbox"/> Savings Suffix : _____ <input type="checkbox"/> Checking Suffix: _____	
Withdrawal Amount: \$	Effective Date:

I hereby authorize the change listed above. I understand that this request must be received at least three (3) business days before a scheduled debit(s) or in time to give TFed reasonable time to act upon it.

Name:		
Address		
City:	State:	Zip:
Signature:		Date:



**Connecting All Departments: (508) 824-6466 | [www.tfed.com](http://www.tfed.com)**

Membership is established by opening a \$5 share/savings account and is available to anyone who lives, works, worships or attends school in Bristol, Barnstable and Plymouth Counties in Massachusetts; Bristol, Kent, Newport and Providence counties in Rhode Island; and the Rhode Island towns of Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond and South Kingstown. Federally Insured By The National Credit Union Administration. Equal Housing Lender. EOE.