

Change of Automatic Payment

(company to receive payment)

(mailing address)

(city, state & zip code)

Account Number: _____

I authorize my automatic payment to be debited from my Jersey Shore Federal Credit Union account listed below.

Effective Date: _____

Payment Amount \$ _____

Check one:

- Monthly
- Bi-Weekly
- Weekly

Credit Union Account Number: _____

Check one:

- Share/Savings
- Share Draft/Checking

Credit Union Routing Number: 231277440

Jersey Shore FCU
P.O. Box 240
1434 New Road
Northfield, NJ 08225

Authorized Account Holder(s):

Signature _____ Date _____

Signature _____ Date _____