



Automatic Payment Authorization

Please complete a separate form for each automatic payment. You may photocopy this form, but an original signature is required to authorize the change.

Member Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Biller Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

New Financial Institution:

Roswell Community Federal Credit Union

2514 N. Main Street

Roswell, NM 88201

Routing Number: 312276409

Phone: (575) 623-7788 Fax: (575) 622-2340

New Checking Account Number: _____

Please consider this request as authorized by my original signature for the above referenced biller and Roswell Community Federal Credit Union to initiate entries to my checking account. This authorization is effective immediately and will remain in effect until I notify the referenced biller in writing to cancel this request in a reasonable amount of time to act upon.

Account Holder Signature

Date

Account Holder Name (please print)

Be sure to include a VOIDED RCU check with this form when sending to biller.