



## Automatic Payment Change Form

Give this to Company/Payee

**Please route this automatic payment per my instructions**

Company to receive payment \_\_\_\_\_

Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly
- Bi-Weekly
- Weekly

**I authorize my automatic payment to be debited from my** Tropical Financial Credit Union  
**account effective** \_\_\_\_\_.

Please transfer any remaining balance to: Tropical Financial Credit Union  
P.O. Box 829517  
Pembroke Pines, FL 33082-9917

Your Routing Number: 267077847

Account Number: \_\_\_\_\_

- Savings
- Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_