## Madison County Federal Credit Union

## **Step 2** (Automatic Payments)

## **Switch Automatic Transactions**

Switch Direct Deposits and/or Auto Payments to your NEW Madison County Federal Credit Union account

Please fill out the information below. Provide this completed form to your previous financial institution to assist them in switching your automatic payments.

**Important Information**: If you close your new Madison County Federal Credit Union account within 6 months from the date it was opened, you will forfeit your \$5 membership share.

## **AUTO PAY Switch Information**

Name of Payee/ Mercha	ant:	
Name of Payee/ Mercha	ant Address:	
Merchant Account #		Amount of Payment \$
*If you wish to switch ad	lditional automatic paym	nents, please make additional copies of this form as needed.
To Whom it may Conce	rn,	
Please redirect my auto	matic debits to my new	account at Madison County Federal Credit Union, using the
information below. This	is the date I wish the sv	vitch to be effective
I hereby request and au	thorize that my electron	ic payment from:
My OLD Financial Institu	ution:	
Account #)		should now be debited from my Madison County Federal
Credit Union Account #		(ABA/ Transit Routing) 274972605
Credit Union Information	n: Madison County Fede	eral Credit Union
	621 E. 8 <sup>th</sup> Street	
	Anderson, IN 46012 Routing: 274972605	
	Account Number:	
	Account Type for the	is withdrawal: □Savings □Checking
Thank you for your pron	npt response to my requ	uest.
Name (printed):		
Address:		
Phone:		
Signature:		Date: