I'm switching to TVA Community Credit Union!

Automatic Payment Transfer Change Request

Name:				
Address:				
City:	State:		Zip:	
Phone:	Email:			
Company Receiving Payment	::			
Company Name:		hone:		
Address:				
Address:	State	e:	Zip:	
Account Number:				
Please change my automatic	payment to:	TVA Res	mmunity Credit Uni servation Shoals, AL 35662	i on
My TVACCU Member number Account Type:				
TVA Community Credit Union	Routing Num	ber: 2622	276656	
Please discontinue my Auton	natic Payment	at:		
Financial Institution:		Phor	ne:	
Address of Financial Institution:				
City:	State	e:	Zip:	
Account Number:	Ro	outing Num	nber:	
Amount of Automatic Payment:_				
I understand I need to give scheduled transaction. The previous financial institution after this date should be paid. I hereby authorize TVA Communit is understood that a photocopy. Name (Print):	erefore, I exp n to be dated d from my TVA unity Credit Unic by of this form w	pect the I: CCU acco on to chance fill also ser	last payment from All transacture above. ge my Automatic Paywe as authorization.	m my ctions
Signature:			Date:	

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. TVACCU is not responsible for charges occurred for insufficient funds. Please return this form to your TVACCU Member Representative to determine when to send. This Credit Union is federally insured by the NCUA.