



I'm switching to Community 1st Credit Union!
Automatic Payment Transfer Request

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Company Receiving Payment:

Company Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____

Please change my Automatic Payment to: Community 1st Credit Union
PO Box 737
Ottumwa, IA 52501-0737

My C1st Member number is: _____
Account Type: _____ **Amount of Payment:** _____
Community 1st Credit Union Routing Number: 273975726

Please discontinue my Automatic Payment at:

Financial Institution: _____ Phone: _____
Address of Financial Institution: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Routing Number: _____
Amount of Automatic Payment: _____

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last payment from my previous financial institution to be dated: _____ . All transactions after this date should be paid from my Community 1st Credit Union account listed above.

I hereby authorize Community 1st Credit Union to change my Automatic Payment. It is understood that a photocopy of this form will also serve as authorization.

Name (Print): _____
Signature: _____ **Date:** _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.
Community 1st Credit Union is not responsible for charges occurred for insufficient funds.
Please return this form to C1st and work with your C1st Member Service Representative to determine when to send.
This Credit Union is federally insured by the National Credit Union Administration.