



Mailing Address: P.O. Box 26188, Lansing MI 48909-6188  
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# Automatic Payment Request Form

Complete this form to have future automatic payments deducted from your LAFCU account that are currently being deducted from another financial institution. This form is used to change the financial institution from which your automatic payment is being deducted.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
Street City State Zip Code

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

Account Holder's Name \_\_\_\_\_ Account Number \_\_\_\_\_

Account Holder's Address \_\_\_\_\_  
Street City State Zip Code

Account Holder's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### To Whom It May Concern:

You are currently withdrawing funds for my \_\_\_\_\_ from  
(What the payment is for.)

Financial Institution Name: \_\_\_\_\_

Routing Number of Institution: \_\_\_\_\_

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

As of \_\_\_\_\_, please start making this automatic withdrawal from my new account at:  
(Date)

LAFCU  
PO Box 26188  
Lansing, MI 48909  
Routing Number: 272482061  
Account Number: \_\_\_\_\_

If you have any questions about this request, please contact me at \_\_\_\_\_.  
(Phone Number)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete and send this form to each company where you have an arrangement for automatic withdrawal. Print one form for each company. Please remember to change any automatic payments set up with a Debit card number.