

**Step Two: Automatic Payment Change Form**  
(Forward this form to the company or payee.)

To Whom It May Concern:

Please route my automatic payment to the company/payee listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize my automatic payment to be debited from my account at:

AurGroup Financial Credit Union  
8811 Holden Blvd.  
Fairfield, OH 45014  
**Routing #: 242077121**

Weekly                      Bi-Monthly                      Semi-Monthly                      Monthly

Effective:                      Immediately                      Beginning Date: \_\_\_\_\_

Account #: \_\_\_\_\_                      Checking                      Savings

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

Please complete one form for every automatic payment you have debited from your account. Additional copies may be made from this form.