

## Automatic Payments Switch Form

Please change my existing authorization(s).

NAME OF COMPANY MAKING WITHDRAWAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

You are currently withdrawing \$ \_\_\_\_\_ for my \_\_\_\_\_ from the following account:

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

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

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### CHECK ONE

- I hereby authorize you to make future automatic withdrawals from my new account at:  
**Leaders Credit Union**  
**P.O. Box 10008**  
**Jackson, TN 38308**

Routing Number: 284383886 Account Number: \_\_\_\_\_

- Please cancel my automatic withdrawals as of \_\_\_\_\_. I will be using Bill Pay to make my monthly payments.

NAME (PLEASE PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

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PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_