

# AUTOMATIC PAYMENT REQUEST



Please update my automatic payment information to reflect the following changes:

Start Date:

Type (check one):

New

Change



## Merchant Information

Merchant Name:

Account Number:

Payment Address:

City:

State:

Zip:

Merchant Phone:



## Customer Information

Name:

Address:

City:

State:

Zip:

Contact Phone:



## Financial Institution Information

Name: DATCU

Address: PO BOX 827

City: DENTON

State: TX

Zip: 76202

Transit Routing # (ABA): 311980725

Member Number:

Type:  
(check one)

Checking

Savings



This authorization is to remain in effect until written notification is provided.

Signature:

Date: