



Automatic Payment Request Form

Use this form to transfer your automatic payments deducted from your current account at another financial institution to your Travis Credit Union account. Please remember that you will also have to change payments that use your debit card number, such as automatic payments made online.

Merchant/Payee Name: _____

Address: _____

City, State, ZIP: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ for the payment of my _____ (type of payment) on the _____ of each month from the account listed below:

Financial institution: _____

Routing Transit Number: _____ Account Number: _____

Please stop withdrawing from the above account upon receipt of this notice. Start withdrawing from the account listed below:

Travis Credit Union

One Travis Way, Vacaville, CA 95687

Routing Number: 321170839

Travis Credit Union Account #: _____

Account Type: _____ Checking _____ Savings

Thank you for your prompt assistance,

Sincerely:

Name (Please Print): _____ Date: _____

Signature: _____

Address: _____

City, State, ZIP: _____ Phone: _____

800-877-8328

traviscu.org