



# Request for Change of Electronic Payment

Name of Payee/Merchant\*: \_\_\_\_\_

Payee/Merchant Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and request that my electronic payment from:

Account #: \_\_\_\_\_ at \_\_\_\_\_ (Financial Institution) be changed to

First Nebraska Educators & Employee Groups Credit Union (Routing Number: 304083008)

Account Type:  Savings  Checking

First Nebraska Educators & Employee Groups Credit Union Account Number: \_\_\_\_\_

I authorize this change in electronic payment effective: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Check with your service provider. Some companies may require you to complete their own form for regular electronic payments.

