

## Electronic Payment Change Authorization

Name of Merchant \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_ Payment Amnt \$ \_\_\_\_\_

I hereby authorize and request that my electronic payment be updated to the following:

New Financial Institution:

**Travis County Credit Union  
P.O. Box 6190, Austin, TX 78762-6190**

New Financial Institution Routing Number: **314977382**

New Financial Institution Account Number: \_\_\_\_\_

Checking       Savings

I authorize this change in electronic payment to become effective

\_\_\_\_\_.

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