

Change of Automatic Payment Form



Please accept this letter as authorization to change my automatic payment from my old account to my new account at TopMark Federal Credit Union.

To (company) _____

Address _____

Fax _____

Name _____

Account Number _____

I hereby authorize you to stop my current automatic draft with (bank name) _____ and establish a draft on my new checking/savings account at TopMark Federal Credit Union. My new account information is as follows:

Name on Account _____

TopMark Federal Credit Union Checking Account Number _____

TopMark Federal Credit Union Savings Account Number _____

TopMark Federal Credit Union ABA # ????????

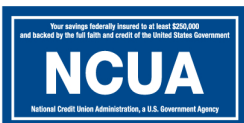
Payment Account Number _____

Beginning Date of Draft _____

Signature _____

Date _____

Daytime Phone Number _____



Federally insured by NCUA.