



Automatic Payment Request Form

Please change my Automatic Payment to come from my Wolverine State Credit Union Checking Account.

This change will affect the following Automatic Payment:

Click or tap here to enter text.

Company receiving payment

Click or tap here to enter text.

Address

Click or tap here to enter text.

City, State, ZIP

Click or tap here to enter text.

Company Account Number (If Applicable)

Click or tap here to enter text.

Amount

My WSCU Account # Click or tap here to enter text.

WSCU ABA Routing#: 272476446

My Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, ZIP: Click or tap here to enter text.

Home Phone Number: Click or tap here to enter text.

Signature: _____

Date: _____

Please mail this form to the company that receives your automatic payment.

Make additional copies to notify multiple companies.

****Note:** Withdrawals will begin subject to the company's effective change date.