



Automatic Payment Change Notice

Member Information

First Name: _____ Last Name: _____ MI: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Merchant Information

Merchant to Receive Payment: _____

Merchant Address/Website: _____

City: _____ State: _____ Zip: _____

Merchant Account Number: _____

Amount: \$ _____

Automatic Withdrawal Information

Please discontinue automatic withdrawals from:

Former Financial Institution Name: _____

Routing Number: _____ Account Number: _____ As of: ____/____/____

Withdrawals should now be made from:

*Gateway Metro Federal Credit Union
1001 Pine Street, St. Louis, MO 63101*

Routing Number: 281082339

Member/Account Number: _____ Checking: Savings: As of: ____/____/____

I, _____ (print name), hereby authorize this change in automatic payment.

Signature: _____ **Date:** ____/____/____