

# UNITY CREDIT UNION

## Automatic Payment Change Form

Give this to Company/Payee

Please route this automatic payment per my instructions:

Company to receive payment \_\_\_\_\_ Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be debited from my Unity Credit Union account effective \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Unity Credit Union Routing Number: 272079429

Account Number \_\_\_\_\_

- Savings
- Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**UNITY CREDIT UNION**  
*Serving Members Since 1954*

**MAIN OFFICE**

7240 East Twelve Mile Road • Warren, MI 48092  
586-573-4110 • Fax: 586-573-2593

**BRANCH OFFICE**

24530 MacArthur • Center Line, MI 48015  
586-755-4370 • Fax: 586-755-4032

[www.unitycu.com](http://www.unitycu.com)