

SWITCH KIT



Automatic Payment Change Form

I'm moving my automatic withdrawal to Service First Federal Credit Union.

Company name: _____

Account Number (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept this notice as permission to change my current electronic withdrawal from my account at:

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

To my account at:

Service First Federal Credit Union
3901 East 10th Street
Sioux Falls, SD 57103
(605) 336-1047

Service First FCU Routing Number: 291479903

Service First Account Number: _____

Effective Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize my automatic payment to change as indicated above.

Signature: _____

Date: _____

Some companies may require additional information, such as a voided check or deposit slip.
Please verify with each company what specific information they require.



info@servicefirstfcu.org



605-336-1047

servicefirstfcu.org