



Automatic Payment Change Form

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 E 10th St
Sioux Falls, SD 57103
(605) 336-1047

Service First 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.