



Automatic Payment Transfer Form

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

I hereby authorize automatic withdrawal from my Alabama Teachers account. Please discontinue any automatic withdrawals from the previous financial institution. Please make this change effective \_\_\_\_\_.

Date

**Previous financial Institution Information:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing Number

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

**New Financial Institution Information:**

Alabama Teachers Credit Union

Routing Number: 262284431

Savings Account Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

If you have any questions about this request, please contact me during the Day/Evening (circle one) at ( ) \_\_\_\_\_ - \_\_\_\_\_ (phone number).