

SWITCH AUTOMATIC PAYMENTS FORM

Submit this form to any company or payee who is currently making automatic debits from your previous Checking or Savings Account. You may reuse this form as many times as necessary.

Please Print

Name

Address

City, State, Zip Code

Phone Number

Company/Payee Name

Account Number

\$ _____ [] Weekly [] Monthly [] Quarterly [] Annually
Payment Amount

Effective _____, I hereby authorize you to redirect future automatic payment withdrawals to my new iTHINK Financial Credit Union account.

New Financial Institution Information:

iTHINK Financial
P. O. Box 5090
Boca Raton, FL 33431-0890

Routing/Transit Number: 267077627

Account Number: _____

Select One: [] Checking [] Savings

Signature

Date