

Request for Change of Electronic Payment

| Name of Payee/Me | erchant [*] : | | | |
|----------------------|------------------------|-----------------------|-------------------------|---------------|
| Payee/Merchant A | ddress: | | | |
| Account #: | | | Amount of Payment: \$ _ | |
| Phone: | | | Date: | |
| I hereby authorize | and request that n | ny electronic payr | nent from: | |
| Account #: | | at | (Financial Institution) | be changed to |
| First Nebraska Cre | dit Union (Routing | Number: 304083 | 008) | |
| Account Type: | Savings | Checking | | |
| First Nebraska Cre | dit Union Account | # | | |
| I authorize this cha | nge in electronic p | ayment effective: | | |
| Signature: | | | Date: | |
| Print Name: | | | Phone: | |



^{*} Check with your service provider. Some companies may require you to complete their own form for regular electronic payments.