

Automatic Payment Deduction Form

Please note that I am closing the existing	account number from	
	natic payments. This notice authorizes you to establish	
NEW ACCOUNT INFORMATION:		
Fremont Federal Credit Union Account N	umber:	
(Check One)	ings	
Fremont Federal Credit Union Routing No Attach Voided Check	umber: <u>241278785</u>	
X Member Signature	Date	
nomber signature		
Printed Name	Social Security or Tax Payer ID Number	
X		
Member Signature (joint signer)	Date	
Printed Name	Social Security or Tax Payer ID Number	
Please send your acknowledgement of t	his notice to me at the following address:	
Name	Phone Number	