



HOTEL & TRAVEL INDUSTRY FEDERAL CREDIT UNION

Automatic Payment Transfer Request

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Company Receiving Payment:

Company Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____

Please change my Automatic Payment to:
Hotel and Travel Industry Federal Credit Union
1600 Kapiolani Blvd. Suite 110
Honolulu, HI 96814

My HTIFCU Member number is: _____

Account Type: _____ **Amount of Payment:** _____

Hotel and Travel Industry Federal Credit Union Routing Number: 321378741

Please discontinue my Automatic Payment at:

Financial Institution: _____ Phone: _____
Address of Financial Institution: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Routing Number: _____
Amount of Automatic Payment: _____

I understand I need to give you at least two weeks' notice prior to the next scheduled transaction. Therefore, I expect the last payment from my previous financial institution to be dated: _____ . All transactions after this date should be paid from my Hotel and Travel Industry Federal Credit Union account listed above.

I hereby authorize Hotel and Travel Industry Federal Credit Union to change my Automatic Payment. It is understood that a photocopy of this form will also serve as authorization.

Name (Print): _____

Signature: _____ **Date:** _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. HTIFCU is not responsible for charges occurred for insufficient funds. Please return this form to HTIFCU and work with your HTIFCU Member Service Representative to determine when to send. This Credit Union is federally insured by the National Credit Union Administration