



A FULL SERVICE FINANCIAL INSTITUTION  
Real People *you can* **TRUST**

**Electronic Payment Change Request**

Name of Payee/Merchant: \_\_\_\_\_

Payer/Merchant Address: \_\_\_\_\_

Merchant Account #: \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

I hereby authorize and request that my electronic payment from:

Account # \_\_\_\_\_ at \_\_\_\_\_  
(Financial Institution)

be changed to: **U.P. Connection Federal Credit Union, (ABA Routing #: 304083299)**

**CHECKING**

**SAVINGS**

U.P. Connection Federal Credit Union Account Number: \_\_\_\_\_

I authorized this change in electronic payment 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.

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6707 Grover Street  
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Fax: 402-391-4310

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204 S 35<sup>th</sup> Street  
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