



# PREMIER FINANCIAL CREDIT UNION

Clinton Township Office - 38770 Garfield Rd., Suite 120, Clinton Township, MI 48038  
Detroit GASCO Office - 3200 Hobson St., Detroit, MI 48201

## AUTHORIZATION FOR DIRECT PAYMENT (Change of Financial Institution)

### All you need to do is:

1. Fill in your name, address, account or reference number and contact phone number.
2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
3. Fill in company name and type of bill for direct payment.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

**NOTE: Be sure to sign the form!**

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_

My Account # / Reference # \_\_\_\_\_

My Contact Phone Number: \_\_\_\_\_

### AUTHORIZATION

I authorize (insert company name) \_\_\_\_\_ to initiate electronic debit entries to my:

(Choose One)  **Checking Account** or  **Savings Account**

for payment of my (type of bill)\_\_\_\_\_. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: \_\_\_\_\_

Financial Institution Name: **Premier Financial Credit Union**

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution Routing/Transit Number: **272 078 491**

Financial Institution City and State: **Clinton Township, MI**

Financial Institution Phone Number: **586.416.3700**

Signature \_\_\_\_\_

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS**