

**AUTHORIZATION FORM
REQUEST OF BILL PAYER SERVICE**

I (we) would like to request that Changing Seasons FCU disburse a check to the following payee each month for me (us):

Member Name: _____

Member Account # (account to be withdrawn from): _____

Payee Name: _____

Payee Address: _____

Payee City, State, Zip: _____

Payee Account #: _____

Amount to be sent: \$ _____

Changing Seasons FCU will not be held liable if there is not enough money in the account on the day of withdrawal or if the US Postal Service does not deliver the payment on time.

Member Signature Date

Member Signature Date