

Switch Kit

AUTOMATIC PAYMENT AUTHORIZATION

Name: _____ Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Financial Institution Information:

Magnifi Financial Credit Union Routing Number: 291974204

My Magnifi account number is: _____

Type of account: ☐ Checking Account ☐ Savings Account

Vendor Name: _____

Vendor Account Number: _____ Payment Amount: _____

I (we) authorize the vendor listed above to initiate variable entries to my/our checking/savings account. This authorization will remain in effect until I provide a written notice to cancel it in such time as to afford the aforementioned vendor a reasonable opportunity to react.

Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

