

# Change in Automatic Payment

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

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

City/State/ZIP: \_\_\_\_\_



**Inspirus Credit Union**  
PO Box 576  
Seattle WA 98111-0576  
1-888-628-4010

Signature \_\_\_\_\_

Date \_\_\_\_\_

Company to receive payment: \_\_\_\_\_

Account/Policy Number: \_\_\_\_\_

Effective \_\_\_\_/\_\_\_\_/\_\_\_\_,  
all payments for the above account or policy at your organization  
should be automatically debited from the account shown below.

Transit routing number: **325082266**

Account/micr number: \_\_\_\_\_

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