



# Electronic Payment Form

*Complete and give to Company/Payee.*

**Please route this payment instruction.**

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## Company/Payee Info

NAME ACCOUNT IS IN

ACCOUNT NUMBER

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP

PAYMENT AMOUNT  MONTHLY  WEEKLY

I authorize my electronic payment to be debited from my Wanigas Account.

Wanigas Credit Union Routing Number: **272484807**

Phone Number: **1-800-675-2285**

ACCOUNT NUMBER

CHECKING  SAVINGS

EFFECTIVE DATE

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

Contact your payee for specific requirements regarding electronic payment changes.