



ACH DEBIT AUTHORIZATION FORM

To: _____

From: _____

Customer Account Number with Biller: _____

I have recently changed financial institutions and request that future automatic payments be debited from my new account:

BANK INFORMATION:

ALIGN CREDIT UNION
87 Hale Street
LOWELL, MA 01851

ABA/ROUTING NUMBER: **211383901**

ACCOUNT NUMBER: _____

☐ CHECKING ACCOUNT

(Check one)

☐ SAVINGS ACCOUNT

Please update your records to begin debiting this new account for my scheduled payments.
If you require any additional documentation, please contact me using the information below.

Signature: _____

Date: _____

Phone Number: _____

Email Address: _____