



**Experience the Difference!**

***I'm Making the Switch to OMEGA Federal Credit Union.  
Automatic Bill Payment Transfer Request  
(Send this form to creditor)***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Creditor Receiving Payment: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please Change my Automatic Bill Payment to withdraw from: OMEGA Federal Credit Union  
PO BOX 15038  
Pittsburgh, PA 15237

My OMEGA Federal Credit Union Account Number is: \_\_\_\_\_

OMEGA FCU's Routing Number is: **243083347** Account type: \_\_\_\_\_  
(Savings, Checking, etc.)

Please discontinue automatic payment withdraw from: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Automatic Payment Amount: \$ \_\_\_\_\_

I understand I need to give you at least 2 weeks notice prior to the next scheduled Bill Payment. Therefore, I expect the last payment withdraw from my previous financial institution to be dated: \_\_\_\_\_. All transactions/payments after this date should be paid from my OMEGA federal Credit Union account listed

I hereby authorize the above to change to my account (s). It is understood that a photocopy of this form will also serve as authorization.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. OMEGA FCU is not responsible for charges occurred for insufficient funds. Please mail this form to creditor/automatic payment withdraw company and keep a copy for your records.

