



Recurring ACH Change/Cancel Form

Member Name _____ Highmark Account # _____

1. RDFI Account/Transaction Information (CURRENT PAYMENT INFO)

This recurring transaction occurs each month on the _____ day of the month.

RDFI Account Name: _____

RDFI Name: _____

RDFI Routing #: _____

RDFI Account #: _____

RDFI Account Type: Business Personal Savings Checking

2. Member Instructions:

Change the amount debited from my RDFI account from _____ to _____

Change the date of the recurring transaction from the _____ to the _____.

Change the RDFI and/or account from which funds are taken

NEW RDFI Routing #: _____

NEW RDFI Account#: _____

NEW RDFI Account Type: Business Personal
 Savings Checking

Change the Highmark account to which funds are credited:

Account# _____ Suffix: _____

Cancel this payment entirely

Other (must specify): _____

3. Effective Date:

These changes are effective on _____ (month/day/year)

4. Signature:

X _____ Date: _____ Employee ID: _____

Signature of Authorized Signer on RDFI account