

**Baptist Health  
South Florida  
Federal  
Credit Union**



**Payment Authorization Request**

I, \_\_\_\_\_, authorize Baptist Health South Florida Federal Credit Union to pay the following checks from my closed account number \_\_\_\_\_, from my new account number \_\_\_\_\_. I also understand that **Baptist Health South Florida Federal Credit Union does not guaranty that these checks will be paid**, but they will make every attempt to do so.

**MEMBER'S NAME:** \_\_\_\_\_ **DATE REQUESTED:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

CHECK #	AMOUNT	PAYEE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL INSTRUCTIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**PAGER / CELL #:** \_\_\_\_\_

X \_\_\_\_\_  
 MEMBER'S SIGNATURE

\_\_\_\_\_  
 DATE

X \_\_\_\_\_  
 CUSTOMER SERVICE REPRESENTATIVE