



ACH ORIGATION CANCELLATION FORM

MEMBER INFORMATION

Member Name: _____

Account Number: _____

Phone Number: _____

ACH ORIGATION INFORMATION

Please check one of the following:

This ACH Origination was a credit to my RCU account from another Financial Institution.

This ACH Origination was a debit from my RCU account to another Financial Institution.

Transfer day: _____

Cancellation to take effect beginning the month of: _____

Amount of ACH Origination: \$ _____

Financial Institution name: _____

I understand that this written authorization is to cancel my ACH Origination and must be received by Redwood Credit Union (RCU) ten (10) days prior to the date of the monthly transfer of the debit or credit to my RCU account.

Member Signature

Date

For CU Use Only:

User # _____