

ACH ORIGATION CANCELLATION FORM

MEMBER INFORMATION

Member Name: _____ Employee Initials: _____

Account Number: _____ Phone Number: _____

ACH ORIGATION INFORMATION

Please check one of the following:

This ACH Origination was a **credit** to my Community Resource FCU account from another Financial Institution

This ACH Origination was a **debit** from my Community Resource FCU account to another Financial Institution.

Frequency: Weekly Bi-Weekly Semi-Monthly 1st/15th Semi-Monthly 15th/30th Monthly
(Select One)

Amount of ACH Origination: \$ _____

Financial Institution name: _____

Account credited/debited at Community Resource FCU: (Check one)

Share – Share suffix: _____ Loan – Loan suffix: _____

I understand that this written authorization is to cancel my ACH Origination and must be received by Community Resource FCU (CRFCU) **five (5) business days** prior to the date of the scheduled transfer of the debit or credit to my CRFCU account.

Member Signature _____ Date _____

Back Office Use Only

Date Received: _____ Date Cancelled: _____ Employee Initials: _____

