

ACH Authorization Revocation Form

Member Name: _____

Member Address: _____

Member's Account /Policy Number with Company: _____

Recurring Debit Date: _____

Company Name: _____

Address: _____

As of the date listed below, I _____ (Member Name)
hereby notify you, _____ (Company Name) to terminate
the authorization agreement covering the preauthorized debit to my account # _____
with my financial institution, *Services Center Federal Credit Union*.

Please be advised that I no longer will allow my financial institution to accept these entries and personally indemnify them from any and all liability associated with the return of future entries.

In addition to notifying you of my revocation, I will keep a copy of this notice and provide a copy to my financial institution.

Signature: _____

Date: _____