



ACH ORIGINATION CANCELLATION FORM

MEMBER INFORMATION

Member Name: _____
 Account Number: _____
 Phone Number: _____

ACH ORIGINATION 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.

Date of ACH Origination: _____
 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