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