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.

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 # ___________