



### REVOCATION OF DEBIT ORIGATION

Previously, I authorized Century Federal Credit Union to initiate withdrawals from my account at another financial institution. I hereby request that the following withdrawal be revoked, or stopped permanently:

DEPOSITORY BANK \_\_\_\_\_  
(Name of bank where money is being withdrawn from)

CFCU ACCT # \_\_\_\_\_ SHARE/LOAN SUFFIX # \_\_\_\_\_  
(Circle one)

AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

I would like to revoke the above debit origination effective: \_\_\_\_\_  
(Must be 3 business days prior to the next scheduled debit)

MEMBER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(The member signing this form must be on both accounts, here and the depository bank)

MEMBER ACCOUNT NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**Accounting:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_

### CHANGE REQUEST FOR DEBIT ORIGATION

I would like to make the following change to my existing ACH authorization agreement:

- Date** the funds are withdrawn from my account.
- Amount** of ACH withdrawal

My payment amount was \_\_\_\_\_. Please change the amount to \_\_\_\_\_.

My withdrawal date was \_\_\_\_\_. Please change the withdrawal date to \_\_\_\_\_.

I understand that this authorization will remain in effect until written notification is received to revoke it.

DEPOSITORY BANK \_\_\_\_\_  
(Name of bank where money is being withdrawn from)

CFCU ACCT # \_\_\_\_\_ SHARE/LOAN SUFFIX # \_\_\_\_\_  
(Circle one)

AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

I would like the above change to be effective as of: \_\_\_\_\_  
(Must be 3 business days prior to the next scheduled debit)

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Accounting:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_