REVOCATION OF DEBIT ORIGINATION

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(Name of bank where money is being withdrawn from)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 ORIGINATION

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[ ] **Date** the funds are withdrawn from my account.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(Name of bank where money is being withdrawn from)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: _____