



**A COMMUNITY
FEDERAL CREDIT UNION**

120 Woodford Ave
Plainville, CT 06062

T 860.747.4152
T 800.782.8922

F 860.793.8248
W www.ubifcu.com

Stop Payment Fee: \$20

Please Take Fee From (Choose One): Savings Checking

REVOCATION OF ACH AUTHORIZATION

Attention: _____

Company Name: _____

Address: _____

City, State, Zip: _____

As of the date signed below, I, _____ hereby notify you, _____
(PERSON'S NAME) (COMPANY NAME)

to terminate the ACH authorization agreement we had for the ACH# _____ in the amount of: _____

that we had for the preauthorization debit from my account number: _____ (00 or 80) at UBI Federal Credit Union.

My individual identification number with your company is: _____

PLEASE BE ADVISED THAT WITH THIS REVOCATION OF AUTHORIZATION YOU CAN NO LONGER SEND DEBIT ENTRIES TO MY ACCOUNT.

IN ADDITION TO REVOKING MY AUTHORIZATION BY THIS LETTER, I HAVE PROVIDED A COPY TO MY FINANCIAL INSTITUTION AND INSTRUCTED THEM TO NO LONGER ACCEPT SUCH ENTRIES FROM YOU.

(Customer's Signature)

(Date Signed/Revoked)

Authorizations for electronic payment remain in effect until the customer notifies the company that the authorization has been revoked. The Notice of Revocation may be verbal or written as determined in the original Authorization. It is recommended that all Revocations be written. 'Me notice above should be mailed to the company immediately. If, subsequently, a debit is sent to the account, a written Notice of Unauthorized Entry must be signed to return that entry.

***Revocations of WEB or TEL transactions cannot be guaranteed.**