



## REQUEST TO CANCEL AUTOMATED CLEARING HOUSE (ACH) ORIGINATION

I hereby authorize Intrepid Credit Union to initiate debit/credit entries to my (our) account(s) as indicated below, and the financial institution named below, to debit/credit the same to such account. I agree to have available funds in my (our) account on the designated date to affect this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authorization shall remain in effect until I (or joint owner) notify Intrepid Credit Union in writing at least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and NACHA Rules.

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Account Type

### Please Cancel ACH Origination:

To or from financial institution: \_\_\_\_\_

To pay loan or account: # \_\_\_\_\_

For the amount of: \$ \_\_\_\_\_

Effective Date of Cancellation: \_\_\_\_\_

\*\*Must be at least 5 business days from the date the current origination is due.

I hereby acknowledge that the account information that I have given above is true and correct and will hold Intrepid Credit Union harmless for any errors that I may have made.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date