Stop/Change Form for ACH Origination USE Federal Credit Union



To Stop ACH Origination

Please complete the following information:	
I,, authorize	US Employees OC Federal Credit Union, hereafter called
Credit Union, to stop my ACH Origination on m	ny credit union account number
for loan number, and	or savings/checking number
in the amount of \$	
Signature	Date
To Chang	ge ACH Origination
Please complete the following information:	Printed Name
CU Account Number	Loan Number Share Number
Financial Institution/ Account Number	
Account Type: Checking Savings Bank Name Account Number Routing Number (9 digits) Name on Account	BAY TO THE CHICKEN OF STATE OF THE CHICKEN OF STATE OF THE CHICKEN OF STATE OF THE CHICKEN OF TH
Choose as many as needed:	
New Amount \$	New Payment Date

This authorization is to remain in full force and effect until the Credit Union has received written notification from the member of its termination in such time and in such manner as to afford the Credit Union and Bank a reasonable opportunity to act on it. Policies: 1. Request for changes and cancellations must be received in writing 10 days prior to the next origination and 2. An origination returned for any reason will be charged a \$25.00 fee. I acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law. I have read and fully understand the Credit Union policies above and agree to these items. I agree to hold the Credit Union harmless for any action that may arise because of this origination.