



# Fitzsimons

A PARTNERING CREDIT UNION

## ACH ORIGATION CANCELLATION FORM (Form must be completed a minimum of 7 days prior to next payment date)

❖❖ Indicates must be completed.

Please Print

❖❖ Member Name: \_\_\_\_\_  
First Last

❖❖ Member # | \_\_\_\_\_ | (Check One)  Checking  Savings  Loan # \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_ Next payment date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Frequency: \_\_\_\_\_ \*example: once a month on the 1<sup>st</sup>

### OTHER FINANCIAL INSTITUTION INFORMATION:

❖❖ Name on Account: \_\_\_\_\_  
First Last

❖❖ Name of Financial Institution: \_\_\_\_\_

Routing/ABA #: 

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 \_\_\_\_\_

❖❖ I wish to cancel the ACH immediately.  Credit or  Debit transfer originated by Fitzsimons CU, effective immediately.

❖❖ Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

❖❖ Home phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

❖❖ Work phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Employee: \_\_\_\_\_ Teller #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

**FOR ACCOUNTING USE ONLY:**

Cancelled By: \_\_\_\_\_ Teller #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_