



ACH Authorization Cancellation

NAME _____

ACCOUNT NUMBER _____

DEBIT AMOUNT(S) _____

EFFECTIVE DATE _____

I HEREBY REVOKE TEXAS HEALTH CREDIT UNION'S AUTHORIZATION TO DEBIT OR CREDIT MY ACCOUNT AT MY OTHER FINANCIAL INSTITUTION. THIS CHANGE IS TO TAKE EFFECT BY THE DATE INDICATED ABOVE.

REASON:

_____ My loan was paid off.

_____ My account at my other financial institution is closed.

_____ Other. Please explain: _____

SIGNATURE

DATE

.....
Cancel LN _____ debit

Cancel Account Message _____

Cancel Excel/Log _____

Cancel LN _____ credit

Cancel M767 screen _____