

Member Acct. # \_\_\_\_\_

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

Member Phone Number: \_\_\_\_\_

**I. REVOKE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)  
PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING REQUEST**

Depository Name: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Depository ID Number: \_\_\_\_\_ Date of Cancellation: \_\_\_\_\_  
(Salary Plan and Electronic Accounts Department Use Only)

This form acknowledges my request to revoke the preauthorized electronic debit entries from my checking account at the Depository Financial Institution listed above.

*If the member's signature does not appear below, the request was taken orally and shall not be binding.*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. REVOKE LOAN TRANSFER AGREEMENT**

I hereby revoke the Loan Transfer  LBSTRF  LTA Authorization Agreement on Account # \_\_\_\_\_ Suffix # \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ effective on this day of \_\_\_\_\_, 20\_\_\_\_.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Credit Union Employee Printed Name Required

**III. REVOKE ACCOUNT TRANSFER AGREEMENT**

I hereby revoke the Account Transfer Authorization Agreement on Account# \_\_\_\_\_ Suffix # \_\_\_\_\_ in the  
amount of \$ \_\_\_\_\_ effective on this day of \_\_\_\_\_, 20\_\_\_\_.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Credit Union Employee Printed Name Required

|   |   |
|---|---|
| Received by Credit Union:   |   |
| Date: _____   | By: _____<br><small>Credit Union Employee Printed Name Required</small> |
| Time: _____   | Date Mailed: _____  |
| <b>For Salary Plan and Electronic Accounts Department Use Only:</b> |   |
| Cancellation Day Set: _____   |   |
| LBS Financial Employee Name: _____                                  |   |