



# 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 \_\_\_\_\_