



Cancellation of Pre-Authorized Payments

I (we) hereby authorize Members Exchange Credit Union to cancel the pre-authorized payment (debit) on the:

_____ 1st _____ 5th _____ 10th
_____ 15th _____ 20th _____ 25th

of each month from my (our) _____ Checking _____ Savings account (*select one*) indicated below, and the depository named below to cease debiting the same to such account in the amount of \$ _____ as of ____/____/____ (*cancellation date*).

Cancel Withdraw (Debit) from:

Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA: _____ Account No. _____

Cancel Deposit (Credit) to:

MECU
Account No. _____ Amt: \$ _____ Type: _____

Notice: Members Exchange Credit Union must receive the cancellation notice in such time and in such manner as to afford Members Exchange Credit Union a reasonable opportunity to act on it. The Cancellation of Pre-Authorized Payments form should be received by the Credit Union at least three (3) days prior to the settlement date in order to prevent the transaction. Members should continue to monitor their statement to ensure that no more transactions occur.

Name (please print) _____ SSN #: _____

Signature: _____ Date: _____