



**Members Exchange**  
We'll take you there...

## CANCELLATION OF PRE-AUTHORIZED PAYMENTS

Complete this form to have Members Exchange permanently cancel an existing recurring pre-authorized payment (debit) from another financial institution.

Note: If you want to change the DATE of an existing pre-authorized payment, you must complete a Cancellation form for the existing payment (debit) and a new Authorization form for the new payment (debit).

I (We) hereby authorize Members Exchange to permanently cancel my monthly pre-authorized payment (debit) currently being processed on the:

Settlement Date

only select one date - must complete a form for each date being authorized

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

\$ \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Amount to Stop Cancellation Date

### Cancel Withdraw (debit) from:

Institution Name: \_\_\_\_\_  
Transit/ABA: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Cancel Deposit (credit) to:

Institution Name: Members Exchange Credit Union  
Transit/ABA: 265377484 Account Number: \_\_\_\_\_  
(prefix)  
Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_ Loan Account \_\_\_\_\_

Notice: Members Exchange must receive the cancellation notice in such time and in such manner as to afford a reasonable opportunity to act on it. The Cancellation of Pre-Authorized Payments form should be received by the Accounting Department at least five (5) business 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.

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
SSN on Members Exchange Account  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

PSR Initials: \_\_\_\_\_ Accounting Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_