



**Electronic Funds Transfer (ACH)
Cancellation Form**

Member Information

Name: _____

Account Number: _____

Phone Number: _____

ACH Origination Information

Please check one of the following:

This ACH Origination was a credit to my 1st Illinois Credit Union account from _____ (Financial Institution).

This ACH Origination was a debit from my 1st Illinois Credit Union account to _____ (Financial Institution).

Date of ACH Origination: _____

Cancellation to take effect beginning (date): _____

Amount of ACH Origination: \$_____

I understand that this written authorization is to cancel my ACH Origination and must be received by 1st Illinois Credit Union ten (10) days prior to the date of the monthly transfer of the debit or credit to my 1st Illinois CU account.

Member Signature Date

FOR ACCOUNTING PURPOSES ONLY Completed By: _____ Date: _____ Time: _____ Copies to: Member; Accounting; Loan File
