

ACH Debit Cancellation Form



The purpose of this form is to cancel authorization to debit your account at another financial institution.

Please note: This form must be submitted at least three (3) business days prior to the scheduled payment date.

Member Information		
Member Name		CU Member Number
Daytime Phone	Cell Phone	Member Email Address
Authorize Coca-Cola Credit Union to initiate a cancellation to my (choose one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Loan		Cancellation Date
Loan Number	Payment Frequency	Dollar Amount \$

I hereby authorize Coca-Cola Federal Credit Union (CCFCU) to initiate a cancellation for the ACH referred to the above loan at the Financial Institution indicated above. I acknowledge that the cancellation of ACH transactions to my account must comply with the provisions of U.S. law.

I understand this will cancel my ACH debit and it will no longer pull the payment in regards to the above loan.

Please fax back to or mail to the address below attention Member Services.

Coca-Cola Federal Credit Union
 P.O. Box 1734
 Atlanta, GA 30301-1734
 Fax Number: 404-598-2586

Coca-Cola Credit Union has the right to terminate, suspend, or audit compliance with agreement and rules, and address restrictions on ACH origination activity.

Member Signature	Date
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