DBO CANCEL or CHANGE REQUEST

Date: _____

Name: _____ Account: _____

Please perform the following action on my account:

☐ Cancel the Electronic Funds Transfer from _____
in the amount of $_____ that is posted to my ☐ Savings ☐ Checking ☐ Loan # _____

☐ Change the Date to _____ that is posted to my ☐ Savings ☐ Checking ☐ Loan # _____

☐ Weekly ☐ Semi-Monthly (1st & 15th)
☐ Monthly ☐ Semi-Monthly (15th & 30th)
Starting on _____

☐ Change the amount from $_____ to $ _____
that is posted to my ☐ Savings ☐ Checking ☐ Loan # _____

Member Authorization

Signature: _____ Date: _____

Print Name: _____

Credit Union Use Only: (Accounting Dept)

Request Recieved Date _____ Date of Change or Cancellation_____ Teller # _____

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