

**Auto Debit  
Cancellation Form**



**Cancel an existing auto debit**

From account number: \_\_\_\_\_ Amount of transfer: \$ \_\_\_\_\_

To account number: \_\_\_\_\_

Effective date of cancellation: \_\_\_\_\_

\_\_\_\_\_ Date requested: \_\_\_\_\_

*Member Signature*

Request completed by: \_\_\_\_\_ Service center: \_\_\_\_\_

Date completed: \_\_\_\_\_