

[Company Name]
Revocation of Prior Authorization for an Automatic (Direct) Deposit

Company Name & Address: _____

I/we revoke all prior authorizations of the company (defined above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with the U.S. law.

Account: ☐ Checking/Share Draft ☐ Savings/Share Savings
☐ Other _____(describe)

Account Number: _____

Taxpayer Identification Number(s): _____

Signature

Signature

Print Name

Print Name

Date

Date

***Provide this form to any third party initiating any automatic direct deposits to your old account.**