



P.O. Box 90010 Richmond, VA 23225-9010
(804) 323-6000 (800) 285-5051 vacu.org

CANCELLATION FORM FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby revoke (cancel) authorization for Virginia Credit Union, Inc. (VACU) to initiate debit entries to my (our) account indicated below at the depository financial institution named below for repayment of a loan.

Name _____ VACU Loan # _____

Drafting Account Information:

Account Holder Name _____

Financial Institution Name _____

Account Number _____

Effective Date: _____

(We must receive this signed form at least 15 days prior to the next scheduled debit date.)

Signature _____ Date _____

EFT Services Use Only

Processed By: _____

Date Canceled: _____

Return signed form to the above address, Attn. EFT Services or fax to 804/267-5414.