

# PREAUTHORIZED WITHDRAWAL - REVOCATION OF AUTHORIZATION

Institution Name WORKERS' CREDIT UNION

By \_\_\_\_\_ Request Date \_\_\_\_\_ Time \_\_\_\_\_ M.

**DESCRIPTION OF PREAUTHORIZED PAYMENT:**

Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_

Next Scheduled Transaction Date: \_\_\_\_\_

Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

**REVOCATION OF AUTHORIZATION** - I, the undersigned, REVOKE the authorization granted to the named Payee/Originator to initiate the described preauthorized payments on a recurring basis from my account. I understand that this revocation applies to prevent all future payments and that it becomes effective only when the Payee/Originator has been notified. Furthermore, I understand that it is my responsibility to deliver, in the manner specified in my original authorization, notice of revocation to the Payee/Originator.

Authorized Signature X \_\_\_\_\_

Payee/Originator Name and Address

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_