

ACH Termination

Payment Information:	Amount:	Effective Date:
	One-Time: <input type="checkbox"/>	Monthly on the _____ day of the month
CREDIT Account Information: (This is where the funds are being <u>deposited</u>)	Account Holder Name:	Financial Institution Name:
	Routing Number:	Account Number:
	Account Type (Check One): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
DEBIT Account Information: (This is where the funds are being <u>withdrawn</u>)	Account Holder Name:	Financial Institution Name:
	Routing Number:	Account Number:
	Account Type (Check One): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
Print Name:		Phone Number:
Signature:		Date:

By signing above, I/We hereby authorize Southwest Colorado Federal Credit Union to terminate the transaction described above. I/We acknowledge that the origination/termination of ACH transactions to my account must comply with the provisions of U.S. law.

Instructions:

- Provide this ACH Termination form to Southwest Colorado Federal Credit Union at least 3 business days before the next payment is scheduled to settle/post.
- **Return via fax (970-247-8784), mail (15 Bodo Drive, Durango, CO 81303) or secure email (link on our "Contact Us" webpage – DO NOT SEND THROUGH REGULAR EMAIL AS IT IS NOT SECURE).**

FOR CREDIT UNION USE ONLY:	Date:	Initials:
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