



2218 Walbert Avenue · Allentown, PA 18104 · Phone: 610-435-7575 · Fax: 610-435-2910

REVOCAION OF PREAUTHORIZED PAYMENTS

Member Name: _____

Member Account: _____

Savings Checking

Issuer: _____

Amount of Transaction: \$ _____

Withdrawal Date _____

I hereby revoke previous authorization of preauthorized payments from my account.
This revocation will be effective upon receipt of this notice duly signed and dated.

Member Signature: _____ Date: _____

Credit Union Employee _____

Date Received _____