

## NOTICE OF TERMINATION OF ACH ORIGINATION AUTHORIZATION AGREEMENT

Pyramid Federal Credit Union hereby gives written notice of termination of the ACH Origination Authorization Agreement for electronic entries to/from your account on the dates due from the account listed below.

Reason for Termination:				
Member Name:	ember Name: Pyram		nid FCU Account #:	
Phone Number(s):				
Home Physical Address (No PO Bo	ox, No PMB)			
City:		State:	Zip:	
Amount of Authorization: \$		-		
Beginning Date:	Frequency:			
Required Financial Institution Info	ormation			
Name of Financial Institution (NOT	Pyramid):			
Account Holder Name:				
Account Type (select one):	Checking	Savings	5	
Account Number:				
Routing Number:				
Signature:	Date		_	
Credit Union Use				
Teller ID:Schedule ID:	Entered to ACH ONLIN			
Template ID:	Approval ID:		_	

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