



ACH AUTHORIZATION *CANCELLATION* REQUEST

I hereby authorize Johns Hopkins Federal Credit Union, hereinafter called JHFCU, to cancel my previously authorized ACH debits to the account indicated below, and the financial institution named below, herein called FINANCIAL INSTITUTION.

Financial Institution Name	Routing Number	Account Number
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Type of Account: Checking Savings

My *daytime* phone number is: _____

My email address is: _____

JHFCU will not be held liable for late fees that may occur on my JHFCU loan payment(s) due to this request to cancel my ACH debit(s). It is the responsibility of the member to ensure that their loan payments remain current.

Please complete the following information about your Johns Hopkins Federal Credit Union account:

Print Member Name	Member Signature	Today's Date
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JHFCU Account Number	Loan Number
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JHFCU USE ONLY			
			<input type="checkbox"/>
Processed By	Date Processed	Verified By	Scanned