



## **Revocation of Prior Authorization for an Automatic (Direct) Deposit**

**Company Name & Address:** \_\_\_\_\_  
\_\_\_\_\_

I/we revoke all prior authorizations of the Company (defined above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

**Account** \_\_\_ Checking/Share draft \_\_\_ Savings/Share Savings  
\_\_\_ Other \_\_\_\_\_(describe)

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

**Taxpayer Identification Number(s):** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Date)**

**\*Provide this form to any third party initiating any automatic direct deposits to your old account.**



## Revocation of Prior Authorization and Authorization for Preauthorized Payments

**Company Name & Address:** \_\_\_\_\_

I/we revoke all prior authorizations of the Company (defined above) to initiate preauthorized payments or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate debit entries to my/our account (identified below) at the Financial Institution (identified below) for the purpose of accomplishing the following preauthorized payments:

**Amount:** ☐ \$ \_\_\_\_\_ ☐ May Vary ☐ May not exceed \$ \_\_\_\_\_

Regarding any right I/we have to receive notice at least 10 days prior to the due date of any payment of a varying amount, I/we choose to receive this notice ☐ **ONLY when the amount of my/our payment falls outside the range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_** OR ☐ **ONLY when the amount of my/our payment differs from the most recent payment by more than \$ \_\_\_\_\_.**

**Frequency:** ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_ (describe)

**Termination Date (Optional):** \_\_\_\_\_

**Account:** ☐ Checking/Share draft ☐ Savings/Share Savings ☐ Other \_\_\_\_\_ (describe)

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

**Taxpayer Identification Number(s):** \_\_\_\_\_

**New Account Information:**

**Financial Institution Name, Address, and Routing Number:**

**AOD Federal Credit Union, P.O. Box 608, Bynum, AL 36253**

**Routing number:** \_\_\_\_\_ **Account number:** \_\_\_\_\_

My/our account will remain subject to the account agreement terms and conditions not modified by this authorization. I/we acknowledge that the origination of these transactions must comply with U.S. law. This authorization will remain in effect until the termination date stated above or until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of revocation is permitted.

_____ <b>(Signature)</b>	_____ <b>(Signature)</b>
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_____ <b>(Print Name)</b>	_____ <b>(Print Name)</b>
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_____ <b>(Date)</b>	_____ <b>(Date)</b>
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**\*Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**