



Request to Cancel e-Transfer

e-Transfer cancellations generally take 2-3 business days to complete.
Forms must be received by 9 a.m. for the transfer cancellation to be initiated the same business day.

I _____ hereby authorize EPFCU to cancel **credit** / **debit** (circle one) entries **to / from** (circle one) my account at the financial institution named below.

FINANCIAL INSTITUTION NAME _____

ROUTING TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NAME _____

ACCOUNT NO. _____ **Savings / Checking**

For Credit Entries to the Above Account

If you authorized EPFCU to initiate *credit* entries to the account specified, complete the following:
Please stop debiting my account at EPFCU:

ACCOUNT NAME: _____

ACCOUNT NO.: _____ SUFFIX: _____

For Debit Entries from the Above Account

If you authorized EPFCU to initiate *debit* entries from the account specified, complete the following:
Please stop crediting my account at EPFCU:

ACCOUNT NAME: _____

ACCOUNT NO.: _____ SUFFIX: _____

This authorization is permanent and will remain in full force and effect.

NAME(S) _____ DATE: _____

SIGNED: _____ PHONE NO.: _____

CREDIT UNION USE ONLY

Teller # _____ Verified By: _____ Date: _____