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2500 N Street, Lincoln, NE 68510
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**ACH ORIGATION
REVOCATION FORM**

ACH ORIGATION REVOCATION FORM

Member Name:

Account Number:

Suffix:

I am hereby revoking my ACH Origination request. I understand I must give thirty (30) days written notice to revoke this authorization.

The item was in the amount of \$.

Select one: Weekly Bi-weekly Semi-monthly Monthly

Name of the other financial institution involved:

This item was a Debit Credit / To From my LINCOLNE Federal Credit Union account.

The last Debit Credit to occur should be .

Member Signature

Date

Request processed by:

LINCOLNE FCU Representative Signature

Date