



## ACH ORIGATION CANCELLATION AGREEMENT

MCU Member Number \_\_\_\_\_

Memorial Credit Union Company ID Number (routing no.) 313084124

I (we) hereby authorize Memorial Credit Union to cancel the

ACH Origination below:

*Depository Financial Institution (not MCU)* \_\_\_\_\_

*Name(s) on the Account* \_\_\_\_\_

*Routing Number* \_\_\_\_\_ *Account Number* \_\_\_\_\_

*Date(s) Originally Requested* \_\_\_\_\_

*Amount \$* \_\_\_\_\_ *Loan Number* \_\_\_\_\_

This authorization to cancel the above ACH Origination request will be processed within 2 business days.

*Member Name(s)* \_\_\_\_\_ *Date* \_\_\_\_\_

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

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