## **Revocation of Authorization**

Company Name:		
Contact Person / Departme	ent:	
Mailing address:		
City, State, Zip:		
Account number at above	company:	(not HFCU account number)
As of the date signed be	elow, I	(members name),
hereby notify		(company name) to
TERMINATE the authori	zation agreement that	we had for he pre-authorized debit from
my account number		at Hartford Federal Credit Union,
my financial institution.		
Please be advised that v	vith this Revocation of	f Authorization you can no longer send
debit entries to my account	t.	
In addition to revoking	my authorization with	this letter, I have provided a copy to
Hartford Federal Credit Ui	nion and instructed the	em to no longer accept any debits to my
account from your compar	ıy.	
Date:	Signature:	

**NOTE:** Authorization for electronic payment remains in effect until the member notifies the company that the authorization has been revoked. The notice of Revocation may be verbal or written as determined in the original authorization agreement. It is recommended that all Revocations be written. The notice above should be mailed to the company immediately. If subsequently, a debit is sent to the account a written Notice of Unauthorized Entry <u>must</u> be signed by the member to return that entry.