



ACH EZ Pay Agreement Cancellation Form

To Pay First Flight Federal Credit Union
Loans from External Accounts Only.

By signing this form, I acknowledge that I am an owner and/or authorized signer of the account.

I authorize First Flight Federal Credit Union to cancel the Automatic Payment between my First Flight FCU account as described above.

I agree to give First Flight FCU at least 3 business days from my written notification and before the next scheduled draft to cancel my ACH Payment.

Member Name: _____

Date: _____

OP# (Internal Use Only): _____

Branch (Internal Use Only): _____

Credit

First Flight FCU Loan Account #: _____

(Example: 123456 L15)

Frequency:

Weekly

Bi-Weekly

Semi-Monthly (Date: _____ & Date: _____)

Monthly on Date: _____

Monthly on last day of month

Cancel Date: _____

(Allow 3 days before next scheduled draft to cancel setup)

Debit

Your Other Financial Institution

Name of Institution: _____

Routing/ABA#: _____

Account #: _____

Account Type (Check One):

Checking

Savings

Name on Account: _____

Account Holder Signature: _____

Date: _____