



# Direct Transfer Form *ACH Cancellation*

I hereby authorize Kemba Credit Union, Inc. to **cancel** following transaction

Member's Name	
Kemba Credit Union Account Number	
Loan ID	
Loan Description	
Kemba Account Holder's Signature	/ /

## Other Institution's Information

Name of Institution (Withdrawal from this institution)	
Name on Account	
Routing Number	
Account Number	Checking      Savings
Amount to be debited	

Frequency of Transfer:      One Time      Monthly

**In order to cancel or change the above-automated payment/transfer, I understand that I must notify Kemba Credit Union in writing, and THE WRITTEN REQUEST MUST BE RECEIVED AT LEAST 3 BUSINESS DAYS BEFORE A TRANSFER IS SCHEDULED, IN ORDER TO PROCESS THE CHANGE OR CANCELLATION.**

Other Institution Account Holder's Signature	/ /
Day Time Phone Number	

**Please complete and sign this form, and send to us:**

**Fax to:**      513.763.8134  
**Mail to:**      Payment Systems, P.O. box 14090, Cincinnati OH 45250.  
**Email to:**      [paymentsystems@kembacu.org](mailto:paymentsystems@kembacu.org)

If you have any questions, please do not hesitate to call us at **513.762.5070** or **800.825.3622**