



255 N. Lone Hill Ave. San Dimas, CA 91773

800.347.CCCU • F:626.915.2210 • info@myCCCU.com • myCCCU.com

**Member Information**

Member Name		Account Number	Suffix
Daytime Phone	Cellular Phone		

**Transaction Information**

Company Name		
Date of Debit	Amount of Debit \$	

**I would like to revoke all future transactions from this company.**  
(A \$25.00 Stop Payment/Revoke fee will be charged for transactions that have been previously authorized.)

**Statement**

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the company listed above to debit my account.
- I revoked the authorization I had given to the company to debit my account before the debit was originated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- Other (must specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

I am an authorized signer, or otherwise have authority to act on the account identified in this statement.  
I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.  
I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Member Signature X	Date
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**You may fax your request to 626.915.2210**

**For Credit Union Use Only**

Issued by:	Date:
Entered by:	Date: