

UNITED SAN ANTONIO COMMUNITY FEDERAL CREDIT UNION®

TERMINATION REQUEST FOR PRE-AUTHORIZED PAYMENTS

I hereby request that UNITED SA® terminate my pre-authorized payment as described below:

Please print the requested information below:

NAME OF OTHER FINANCIAL INSTITUTION (FI) _____

CITY _____ STATE _____ ZIP _____

OTHER FI ACCOUNT HOLDER NAME _____

ACCOUNT NUMBER _____ CHECKING ___ SAVINGS ___

(Account number at the above listed financial institution)

TRANSIT/ABA NO _____ PAYMENT AMOUNT \$ _____

INTENDED TERMINATION DATE _____

It is understood that UNITED SA must receive this Termination Request at least two (2) weeks prior to the next preauthorized transmittal date and in no event shall this Termination Request be effective with respect to entries processed by UNITED SA prior to receipt of this Termination Request. This request may be mailed or faxed to:

UNITED SA Federal Credit Union
5500 UTSA Blvd
Attn: ACH Dept.
San Antonio, TX 78249
Fax # 210-561-4501

UNITED SA ACCT NO _____ SUFFIX _____ TODAY'S DATE _____

Please read the above statement carefully and sign if you understand and agree with the stated terms:

NAME _____ SIGNED _____

NAME _____ SIGNED _____

PHONE _____