

# ACH DEBIT PROGRAM REMOVAL FORM

Member(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

I/we have made a decision to be removed from the ACH Debit Program effective immediately. I/we understand that with this decision I/we cannot be added again for a period of six (6) months.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date