



WHEN COMPLETE, PLEASE FAX
BACK TO 323-874-1397

REVOCATION OF AUTHORIZATION ACH DEBIT ACTIVITY

Name: _____ Account # _____

Last Debit Transaction Date: _____ Last Transaction Amt. _____

I certify that I authorized _____ company to originate one or more ACH entries to debit funds from my account number _____, but on _____, I revoked that authorization in the manner specified in the contract.

You are therefore requested to act upon this statement to prevent such debits from occurring in the future.

I attest that the debit transaction was not originated with fraudulent intent by me or any other person acting in conjunction with me. The signature below is my own proper and legal signature.

I understand that I will be charged a fee of \$15.00 for the processing of this request.

Signature

Date

Home Tel. # _____

Business Tel. # _____