

DIRECT PAYMENT (ACH DEBIT) CANCELLATION

Use this form to revoke your authorization for Columbus Metro to debit your loan payment from your account at another institution.



Directions

1. Fill out the following cancellation form completely.
2. Print and sign the cancellation.
3. Return this form to Columbus Metro for processing. We must receive this form **two weeks prior** to your next scheduled direct payment.

Member Name (please print) _____

Columbus Metro Account Number _____ Loan ID _____

Effective (Date) _____, please cancel the monthly ACH payment being debited from my account at (Name of Financial Institution) _____.

I no longer want Columbus Metro Federal Credit Union to originate this ACH transaction on my behalf.

Signature _____ Date _____

Mailing Address
Columbus Metro FCU
P.O. Box 13240
Columbus, OH 43213

Contact Us
By Phone 614.239.0210 or 800.986.3876
By Fax 614.239.0988
Online www.columbusmetro.org