

DIAMOND CREDIT UNION
AUTHORIZATION TO CANCEL LOAN PAYMENT ACH ORIGATION

Member/Business Name: _____

Diamond Member #: _____ **Loan ID #:** _____

I/We hereby authorize the cancellation of the Electronic Debits from our account at another Financial Institution for the Diamond Loan payment listed above.

Other Financial Institution Information:

Financial Institution Name: _____

Account #: _____

Routing/Transit: _____

ACH Debit Amount: _____

This cancellation* is effective as of: _____

**Written notification must be received by Diamond Credit Union at least 5 business days prior to the effective date of cancellation as to afford Diamond Credit Union reasonable opportunity to act upon it.*

I /We understand that it is our total responsibility to continue payments until the outstanding balance, if any, has been paid in full. I /We agree to hold Diamond Credit Union harmless from any claims, liabilities, attorneys' fees, and other costs and expenses which may be incurred by me by reason of their performance under this Authorization.

Member/Business Owner Signature: _____ **Date:** _____

Member/Business Owner Signature: _____ **Date:** _____