



CANCELLATION OF NON-RELATED ACCOUNT TRANSFER AUTHORIZATION

Date: _____

I /We acknowledge that by signing below, I /We authorize the **cancellation** of My/Our ability to transfer funds between accounts via EFT accessed through the internet via home banking or audio response unit (MARS).

The following account is being **cancelled** as the Authorized Withdrawal Account:

Account Number

Signature

Listed below are the Authorized Receiving Accounts that are being **cancelled**:

Authorized Receiving Account(s):

Authorized Signature(s):

Printed Name

Printed Name