



4050 FM 1660 Hutto, Texas 78634 512-759-1286 Fax 512-759-2983

This is written notification from me (or either of us) requesting TERMINATION *thirty (30)* days prior to effective date of termination of AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS (ACH DEBITS).

TERMINATION OF AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS (ACH DEBITS)

DEPOSITORY NAME (Bank): _____

CITY: _____ STATE _____ ZIP _____

TRANSIT ABA # _____ ACCOUNT _____

↑Checking Account ↑Savings (Check one)

NAME(S) _____ JWSUD ACCT. # _____

EFFECTIVE DATE OF TERMINATION: _____

DATE SIGNED: _____

SIGNATURES: _____
