

Revocation of ACH Debit Origination Agreement:

This form must be completed and received three (3) business days prior to the debit.

This form is used to permanently revoke/stop the ACH loan payment from another financial institution. Or if your financial institution where the debit is taking place is changing. (account # routing#, etc.)

If you are changing financial institutions, you will need to complete this Revocation of ACH Debit Agreement form to stop the debit, and the Authorization Agreement for ACH Debit Origination for the new account information. Send all forms to **TENCU**, along with a voided check copy. If you currently do not have checks, as we do not accept "starter" checks, deposit tickets, or statements, please get an account verification letter from your financial institution.

If you want to change the date of your payment, you will need to contact a **TEN**CU loan officer directly to help you with this request.

This Revocation of ACH Debit Agreement form must be completed and received at least three (3) business days prior to the date of the scheduled debit. Be sure to print this form, complete it and sign it where indicated. Then either fax, drop the forms off at one of our branch locations, or mail the forms to the credit union's main branch in Nashville. The fax number is 615-780-7770 and the mailing address is 1400 8th Avenue South, Nashville, TN 37203.

This form is NOT to be used if you are trying to stop an item from debiting your account at **TEN**CU; that form would be the ACH Debit Stop Payment Request form. Once the form is received and reviewed by the **TEN**CU ACH Department and no errors are found, it will be processed If errors are found on the form, we will need to contact you to discuss the issue(s) and there may be a need to complete a new form.

If you have any questions or need assistance with the form, please call the ACH Department at 1-844-468-3628 between the hours of 8 AM – 5 PM Monday – Friday (Central Time). If you are directed to voice-mail, please leave a detailed message and a **TEN**CU ACH specialist will return your call as soon as possible.

TENCU Revised 11/2023

Member Name:		_Account No:
	bited from	ted by TEN CU into my account/ (financial institution) in the
I understand this request must be received by TEN CU at least three (3) business days before the payment is scheduled to be made. Failure to provide TEN CU your written request at least three (3) business days prior to a transfer, we may attempt, at our sole discretion, to revoke the payment. We, TEN CU, assume no responsibility for our failure or refusal to do so, however, even if we accept the request for processing.		
Authorized Signature	For Credit Union Use On	
Request Taken By: Date Request Taken: Date Processed: Processed By:		

TENCU Revised 11|2023