

Request Form for Revocation of Preauthorized Withdrawal - ACH

Revocation of Authorization

I, the undersigned, REVOKE the authorization granted to the named Payee/Originator to initiate the described preauthorized payments on a recurring basis from my account. I understand that this revocation applies to prevent all future payments and that it becomes effective only when the Payee/Originator has been notified. Furthermore, I understand that it is my responsibility to deliver, in the manner specified in my original authorization, notice of revocation to the Payee/Originator.

Authorized Signature

Daytime phone number

Preauthorized Withdrawal

Received by: _____

Request date: (month/day/year) _____ at (time) _____

Description of Preauthorized Payment

Frequency: _____ Amount: \$ _____

Next scheduled transaction date: (month/day/year) _____

Other: _____

Account Number: _____

Account Name: _____

Payee/Originator:

Name of Payee

Mailing Address

Street Address

City

State

Zip-code



Ballston Spa National Bank