



Pacific Advantage
Federal Credit Union

ACH REVOCATION AGREEMENT

Member:

Account No.:

Date:

Joint Owner:

Hour:

Identification:

Payee(s):	Draft No.(s):	Reason:
Drawn By:	Date:	Amount:

You are directed to return the item(s) described above as

Unauthorized

authorization revoked

I certify that I am the owner of that account (or the representative/surviving heir of such owner), and I am authorized to draw checks or drafts upon that account.

I agree to reimburse Pacific Advantage FCU, and hold it harmless, for all expenses and costs it may incur, including attorney's fees and court costs, as a result of refusing payment of any item(s) set forth above.

I agree to notify the company of this revocation. I recognize that one or more items described in this Order may have been presented for payment prior to the date and hour that this Order is made, or that one or more items may be presented for payment so soon after this Order that Pacific Advantage FCU does not have a reasonable opportunity to act on the Order if that item is presented for payment prior to or within 72 business hours after the date and hour of this Order.

I further understand and agree that Pacific Advantage FCU shall in no way be liable as a result of payment to this request, and I agree to indemnify the CREDIT UNION for the amount of any such payment and will further indemnify and hold harmless the CREDIT UNION, its agents, officers, and directors, from all suits, actions, demands, judgements, or claims of every character, type, or description, brought or made for or on account of the payment of any such items.

I understand that this Order must be signed to be effective in any respect, and that it will remain in effect indefinitely. I understand that there will be a \$10.00 charge for the processing of this Order.

Signature

Printed Name

Address

City/State/Zip

Work Phone

Home Phone

Approved By:

Fee:

Maint:

Notes:

Inq: