

## Inter-Financial Transfer

### CANCELLATION NOTICE

**TO: The Ontario Civil Service Credit Union (The Credit Union)**

Date: \_\_\_\_\_

Member Name(s): \_\_\_\_\_

Member Number(s): \_\_\_\_\_ Contact info: \_\_\_\_\_  
(Enter phone number where you can be reached during the day)

I would like to cancel my authorization to issue (*Personal Funds Transfer*)  
pre-authorized debits against my account in the amount of \$ \_\_\_\_\_

Effective on Date: (dd/mm/yyyy): \_\_\_\_\_

Name of Processing Institution: \_\_\_\_\_

Frequency:  Weekly  Bi-Weekly  Semi-Monthly (1st/15th)  Monthly

I acknowledge that this cancellation does not terminate any other  
obligation that I may have with the Payee.

Member Signature(s): \_\_\_\_\_

Date :(dd/mm/yyyy) \_\_\_\_\_

Member Service Representative Signature: \_\_\_\_\_

Date :(dd/mm/yyyy) \_\_\_\_\_