



**ACH Revocation Request Form**

Mail completed form to:  
HOCU  
PO Box 235862  
Honolulu, HI 96823

I, [Click here to enter text.](#), swear and affirm that I have revoked the authorization of the Payee/Originator identified below to make Automated Clearing House (ACH) / Electronic Fund Transfers (EFTs) from my account at Honolulu Federal Credit Union (the "Credit Union") identified below:

**Payee/Originator:** [Click here to enter text.](#)

**Credit Union Account Number:** [Click here to enter text.](#)

**Amount:** [Click here to enter text.](#)

I acknowledge that it is my responsibility to notify the Payee/Originator of the revocation and to comply with the authorization that I entered into with the Payee/Originator, and I warrant and represent to the Credit Union that I have already done this.

Subject to applicable law, I hereby release, indemnify and hold the Credit Union harmless from any and all liability associated with this Notice of Revocation of Authorization and any action that the Credit Union may take based on this Notice of Revocation of Authorization. I agree to monitor my account and to advise the Credit Union in the event of the item posting in such a time that will allow a legal return of the item.

I understand that there will be \$26.00 service charge. This service charge will be deducted from your share draft/checking account.

I certify under penalty of perjury that the foregoing is true and correct. **Forms submitted without a signature will not be accepted.**

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

For Credit Union use Only

Received by:  In branch  Mail  Fax  Email  Other

Date Received: [Click here to enter text.](#)

Accepted by: [Click here to enter text.](#) (Employee name & Teller #)