



**AUTHORIZATION TO TERMINATE
DIRECT PAYMENTS**

Member Name *(Please Print)* _____

Westerra Account Number _____

Loan/Share ID _____

E-Mail *(Please Print)* _____

Daytime Phone _____

I hereby authorize Westerra Credit Union, its successors and/or assigns, to terminate the direct payment previously authorized as described below. **I understand that this form must be received by Westerra Credit Union at least five (5) business days before the direct payment is to occur on my account in order for the termination to be effective.**

Financial institution funds are being withdrawn from _____

Total Amount _____

Effective Date of Termination _____

Signature _____ Date _____

Signature _____ Date _____

Westerra Rep _____ Date _____

Westerra Internal Use

Date Received _____ Date Processed _____ By _____