



Consumer ACH Origination Change Request/Cancellation Form



Section I: Account Information (required)

Account Number: _____
Account Type: Consumer Loan HELOC Checking Savings
Names(s) on Account: _____

Section II: Cancellation Request (Complete this section to cancel your Consumer ACH Origination payment)

Cancellation Request

I (we) request that GTE Federal Credit Union DBA GTE Financial cancel my/our Consumer ACH Origination payment as of _____. If my ACH origination is for the purpose of a loan payment, I (we) understand it is my responsibility to continue to make payment(s) after the date indicated above (if applicable). I realize that I must provide this written notice in such time and in such manner as to afford GTE a reasonable opportunity to act on it, or at least three business days before the next scheduled payment date.

Section III: Change Request

Complete this section to CHANGE your Consumer ACH Origination payment. *Please allow up to 10 business days for your request to be processed.

Effective Date: _____ (required)

Change Frequency:
 Monthly _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ & _____
(Date of month) (Day of week) (Day of week) (2 dates of the month)

Change Date of the Month: _____ Change Amount: _____
New date of month: _____ New Payment Amount: _____

Change Financial Institution Information (please complete OR attach voided check with imprinted name):

Name of Financial Institution: _____ Account #: _____
Account Type: Checking Savings ABA Routing/Transit #: _____

Section IV: Authorization

I (we) authorize GTE Federal Credit Union DBA GTE Financial to make a change(s) to my Consumer ACH Origination debit/credit entry as indicated above. I (we) acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law and the NACHA Operating Rules. Change Request: This authority is to remain in full force and effect until GTE has received written notification from me/us of its termination in such time and in such manner as to afford GTE a reasonable opportunity to act on it. If the initiated debit entry is for the purpose of a loan payment and the funds are unavailable at the time of the debit, I (we) understand it is my responsibility to make such payment. If the initiated debit entry is returned by the receiving financial institution for any reason, a Returned ACH Origination Fee will be applied to my GTE account (see Schedule of Current Charges). In the event there is an error in the processing of my (our) transfer, I (we) authorize GTE to initiate debit or credit entries to my account to correct such erroneous transfer(s), provided that any such corrections are made in accordance with applicable laws and regulations. I (we) understand that GTE may cancel this agreement at their discretion.

*If the loan payment amount changes, GTE will adjust the amount of your ACH Origination accordingly (except for revolving lines of credit) and notify you at least 10 calendar days before the next scheduled payment date.

Print Name(s): _____ Signature: _____
Phone: _____ Email: _____ Date: _____

Please mail completed form to GTE Financial, 711 E Henderson Ave, Tampa, FL 33602 or fax to 813.414.8515.

FOR GTE USE ONLY

Processed By: _____ Date Processed: _____ Verified By: _____ Date Verified: _____