

Authorization to Cancel an Existing External Transfer (ACH Debit)



This form must be received by the Electronic Payments Department a minimum of **5 business days** before a transfer can be canceled.

Return completed form to: Wings Credit Union
Electronic Payments Department
14985 Glazier Avenue
Apple Valley, MN 55124

Member Information

Name _____ Wings ID _____

ACH Transfer Information

☐ Cancel ACH Transfer

Amount _____ Transfer Cancel Date *(Must be a minimum of 3 days before or after current Transfer Date)* _____

External Financial Institution Information

Name on Account _____ Name of Financial Institution _____

Routing Number _____ Account Number _____ ☐ Checking ☐ Savings

Wings Account

Name on Account _____ Account Number _____ ☐ Checking ☐ Savings ☐ Loan

Agreement & Signature

Wings will cancel the external transfer within 5 Business days from the date this request was received at Wings, if the transfer is not currently already in process. I agree that I shall indemnify Wings from and against any and all claims, demands, losses, causes of action, and liability from this authorization.

Signature of Wings Account Holder _____ Date _____

CU Use Only:

Transfer Record _____ Completed By _____ Date _____