

NOTICE OF CANCELLATION OF AUTHORIZATION AGREEMENT

Date _____

Company Name Louviers Federal Credit Union

Address 185 South Main St, Newark, DE 19711

Account Number _____ \$ _____

Effective _____, I _____ hereby rescind my authorization to you to access my account _____ with _____ . I am instructing the above named financial institution to return any further transactions processed to the account as NOT AUTHORIZED. I further indemnify the above named financial institution from all liability in acting in compliance with my wished to stop any further transactions.

Signature _____