

PIEDMONT PLUS CU
ACH ORIGINATION CHANGE FORM

DATE _____ NAME _____
ACCT# _____
PHONE# _____

A THREE BUSINESS DAY NOTICE IS REQUIRED FOR ANY CHANGE.

Please check the appropriate item below:

_____ **Change the amount** of my current ACH Origination on file
with Piedmont Plus Credit Union effective immediately.

Previous Amount \$ _____ New Amount \$ _____

_____ **STOP** my current ACH Origination effective immediately.

Signature _____

I (we) acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law. I (we) understand that authorization will remain in full force and effect until I (we) notify Credit Union in writing that I (we) wish to revoke this authorization. I (we) understand that the Credit Union requires at least 3 business days prior notice in order to cancel this authorization.

Please fax to: 678-540-3060