

AUTHORIZATION TO TERMINATE AUTOMATIC DEPOSIT (ACH CREDITS)

COMPANY NAME West Gulf Maritime Association COMPANY ID NUMBER _____

I (we) hereby authorize West Gulf Maritime Association, hereinafter called COMPANY, to terminate credit entries into my (our) () Checking () Savings account(Select one) indicated below at the depository named below.

DEPOSITORY NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____ ACCOUNT NUMBER _____

Please allow up to Two (2) weeks for this request to take effect.

NAME(s) _____ S/S NUMBER _____
(Please print)

ID # _____

DATE _____ SIGNED (x) _____ SIGNED (x) _____

ILA 1351 FCU EMPLOYEE'S NAME _____ WORK NUMBER _____