



Scient Federal Credit Union
P.O. Box 499 • 60 Colver Avenue
Groton, CT 06340-0499
Tel: 877 860 MYCU
www.scientfcu.org

RIGHT TO REVOKE AUTHORIZATION

Print off form, complete, and fax to 860-441-0989 or mail to:

Scient FCU
Operations Department
P.O. Box 499
Groton, CT 06340

I/We depose and say that I no longer authorize Scient Federal Credit Union to initiate any ACH entries to _____ (name of FINANCIAL INSTITUTION). Termination of said agreement must afford Scient Federal Credit Union and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Primary Member Full Name (Print)	Member Number
<input type="text"/>	<input type="text"/>
Address	City, State, Zip
<input type="text"/>	<input type="text"/>
Home Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>
Date to Discontinue ACH	Email Address
<input type="text"/>	<input type="text"/>

Signature of primary member

Date