



Federal Credit Union

1010 Rose Street • Boise, ID 83703 • (208) 344-7948  
9769 W. Emerald St. • Boise, ID 83704 • (208) 947-0123  
1839 N. Government Way • Coeur d'Alene, ID 83814 • (208) 667-9199  
1502 N. Pine, Suite 3 • La Grande, OR 97850 • (541) 963-2632

# Deletion/Change Agreement For E-Pay

(Preauthorized payments and deposits)

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Amount: \_\_\_\_\_

I hereby authorize Idahy Federal Credit Union to \_\_\_\_\_ **stop** \_\_\_\_\_ **change** the E-Pay transaction to/from my account at the financial institution listed below. The date of **deletion / change** (circle one) will occur on:

Current E-Pay Posting Date \_\_\_\_\_ Deletion/Change Requested Date \_\_\_\_\_  
(i.e. 15<sup>th</sup> of each month)

<b>Account information where funds are being (or have been) debited (withdrawn) from:</b>	
Depository Name _____	Branch/City _____
Routing and Transit # _____	Acct # _____
Checking* _____	Savings _____
<small>*Please attach a voided check if changing bank accounts.</small>	

<b>Account information where funds are being (or have been) credited (deposited) to:</b>		
Depository Name _____	Branch/City _____	
Routing and Transit # _____	Acct #: _____	
Checking _____	Savings _____	Loan _____

In the event of a change request, this authorization is to remain in full force and effect until Idahy has received written notification from me of its termination. I understand that Idahy requires at least **14 days** advance notice prior to my **deletion/ change** request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal Use Only: \_\_\_\_\_ Template Entry \_\_\_\_\_ Template Verification