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### Notice of Termination of Authorization

I terminate my authorization agreement for direct payments with Avadian Credit Union for payment of:

\_\_\_\_\_

(Member Number)	(Loan Number)	(Payment Amount)
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Termination of the agreement is effective \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The credit union is federally insured by the National Credit Union Administration.  
Additional coverage up to \$250,000 provided by Excess Share Insurance Corporation, a licensed insurance company.