



I (we) hereby instruct Flagstar Bank to revoke my (our) authorization and/or cancel the preauthorized services selected below and acknowledge that upon receipt of this notice Flagstar Bank requires a reasonable opportunity to act upon it.

Cancel the following services 'checked' for account numbers listed below:

A. Savings Overdraft Protection B. Online Banking C. 24-Hour Voice Response Transfers D. Preauthorized Transactions

Checking Account Number: # _____ A. B. C. D.

Savings Account Number: # _____ A. B. C. D.

Other: # _____ A. B. C. D.

Other: # _____ A. B. C. D.

Other: # _____ A. B. C. D.

Account Holder(s) Information

First Name: _____ Middle Name: _____ Last Name: _____

First Name: _____ Middle Name: _____ Last Name: _____

Account Holder(s) Signature

X _____ Date: _____

X _____ Date: _____

Customer acknowledges receipt of a copy, which should be retained for their records.

IMPORTANT INFORMATION

Once complete and signed, please mail or fax to:

Mail: Flagstar Bank | Commercial Services | 5151 Corporate Drive | Troy, MI 48098 Fax: (877) 724-9415

BANK USE ONLY

Maintained by: _____ Date: _____

Maintained by: _____ Date: _____

FORM DISTRIBUTION

Copy to customer Scan and attach to Salesforce Case