

# Revocation of Consent

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Institution Name and Address

Potlatch No. 1 Financial Credit Union  
PO Box 897  
Lewiston, ID 83501



To the extent that I have previously consented to the authorization and payment of overdrafts on my ATM and everyday debit card transactions by the above named institution, I hereby revoke such consent with respect to the following account:

Account number \_\_\_\_\_ .

X \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_