



Revocation of Authorization to pay overdrafts on my ATM and everyday debit card transactions

This form is to revoke my previous authorization for VIST Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

I, _____, understand that by signing this form, I am confirming my revocation that VIST Bank will no longer authorize and pay overdrafts for ATM and Everyday debit card transactions for the following accounts:

Account Number:

Account Number:

Account Number:

Signature: _____ Date: _____

Mail the completed revocation form to:

Deposit Operations
PO Box 460
Ithaca NY 14851

Member FDIC

