

Revocation of Consent

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: _____