

CANCEL AUTOMATIC PAYMENT



Company Name

Address

City / State / Zip Code

Subject: canceling My Automatic Payments

I am in the process of relocating to a different area. I would like to have my automatic payments with your company discontinued effective as of the date listed below. I appreciate your assistance in this matter. Please send a confirmation of this termination to the address shown.

Sincerely,

Authorized Signature

(Original signature required to authorize change)

Date

Automatic Payment Information

First Name

Last Name

Address

City / State / Zip Code

Day Phone

Evening Phone

Bank Name

Purpose

Amount of Payment

Date of Payment

Routing Number

Effective Date to Cancel

Account Number