

Automatic Payment Cancellation

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO ANY COMPANIES THAT WILL NO LONGER BE RECEIVING PAYMENTS AUTOMATICALLY FROM YOUR ACCOUNT.

To: _____
Company Name

Address: _____
Company Address

City: _____ State: _____ Zip: _____

From: _____
Your name

Address: _____
Mailing Address

City: _____ State: _____ Zip: _____

Account/Customer Number: _____
Account/Customer Number with this company

RE: AUTOMATIC PAYMENT CANCELLATION

To Whom it May Concern:

I currently have my _____ payment automatically withdrawn from my savings/checking account # _____ at _____.

I am sending this letter to inform you that I would like to cancel these monthly transactions.

Please make this change effective as of _____.

If you have any questions regarding this request, please call me at _____.
Thank you for your help with this matter.

Sincerely,

Signature Date: _____