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● 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I currently have my _____ payment automatically withdrawn from my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 _____.
Account Number *Name of Existing Financial Institution*

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

I understand that it may take at least two weeks before this cancellation is completed.

Please make this change effective as of _____.
Effective Date

If you have any questions regarding this request, please call me at _____.
Phone Number

Thank you for your help with this matter.

Sincerely,

Signature Date: _____