



Authorization for Cancelling Automatic Payment

Dear: _____

I am writing to inform you of a change in my banking relationship concerning my account number

_____.

I currently have my _____ payment automatically withdrawn from my checking/savings account number _____ at _____ on the _____ of the month.

I would like to cancel these monthly transactions, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated _____.

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____