



Authorization for Canceling Automatic Payment

Date:

Company Name:

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I currently have my _____ payment automatically withdrawn from my Checking/Savings Account Number: _____ at _____ on the _____ of the month.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:

Address:

Phone: