



Authorization for Canceling Automatic Payment

(Take this completed form to your vendor/merchant)

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I currently have my _____ payment automatically withdrawn from my Checking/Savings Account Number: _____ at _____ on the _____ of the month.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

Signature: _____ Date: _____

Second Signature (if joint account): _____