



Request to Cancel an Automatic Payment

Date: To:	
From: RE:	CANCELLATION OF AUTOMATIC PAYMENT
Account Numbe	er:
To whom it may	concern,
I am withdrawin	ng my authorization for you to deduct any automatic payments that are currently set up for the rabove.
Please change y account below:	our records, effective immediately, so that my electronic payment(s) are stopped from the
Bank Name: Account Numbe Routing Numbe	
If you have any your assistance.	questions regarding this request, please contact me at the phone number below. Thank you for
Customer Signa Phone Number:	