



Automatic Withdrawal Cancellation

To _____

From _____

Name _____

Address _____

City/State/Zip _____

I am writing to inform you of a change in my banking relationship concerning my account number _____ with your company.

I currently have my payment automatically withdrawn from my checking and/or savings account number _____ from _____ Bank.

I would like to cancel these monthly transactions and submit this letter as written notification of that intention. I understand I need to give at least two weeks notice prior to the next scheduled transaction.

Thank you for your prompt attention to this request.

Signature _____

Date _____

*Print and complete the necessary forms, then return to the appropriate party. Do **NOT** send completed forms using electronic methods (i.e. email) to protect the security of your personal information.*