

# ● Automatic Payment Cancellation

**INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO ANY COMPANIES THAT WILL NO LONGER BE RECEIVING PAYMENTS AUTOMATICALLY FROM YOUR ACCOUNT.**

To: \_\_\_\_\_  
Company Name

Address: \_\_\_\_\_  
Company Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_  
Your Name

Address: \_\_\_\_\_  
Mailing Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account/Customer Number: \_\_\_\_\_  
Account/Customer Number with this Company

## ● RE: AUTOMATIC PAYMENT CANCELLATION

*To Whom It May Concern:*

I currently have my \_\_\_\_\_ payment automatically withdrawn from my  
savings/checking account # \_\_\_\_\_ at \_\_\_\_\_ .  
Account Number Name of Existing Financial Institution

I am sending this letter to notify you that I would like to cancel these monthly transactions.

I understand that it may take at least two weeks before this cancellation is completed.

Please make this change effective as of \_\_\_\_\_ .  
Effective Date

If you have any questions regarding this request, please call me at \_\_\_\_\_ .  
Phone Number

Thank you for your help with this matter.

Sincerely,

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

