

**CANCELLATION OF AUTOMATIC
PAYMENT AUTHORIZATION**

(Payee Name)

(Street Address)

(City, State, Zip)

(Name)

(Street Address)

(City, State, Zip)

(Phone Number)

I am writing to inform you of a change in my banking relationship concerning my account number _____. I currently have my _____ payment
(Example: car loan, mortgage, etc.)
automatically withdrawn from my checking/savings accounts # _____

from _____ on the _____ of the month.
(Bank, Credit Union or Brokerage) (Example Date: 1st, 15th)

I would like to cancel this monthly transaction, 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 dated:

(Date of Last Transaction)

Thank you for your prompt attention to this request.

(Date)

(Primary Account Holder Signature)

(Date)

(Primary Account Holder Signature)