



ACH CANCELLATION LETTER

Date _____

I am informing you of a change with regard to my automatic payment withdrawal regarding account number _____ to which I am a signer.

Currently my payment is automatically withdrawn from my account # _____ held at _____ . The automatic payment withdrawals are made on the _____ day(s) of the month.

I hereby notify you of the **cancellation** of the authorization for the above referenced automatic payment withdrawals.

I understand that I need to give you at least two weeks' notice prior to the next scheduled transaction.

Therefore, I expect the last automatic payment withdrawal to be dated: _____.

Thank you for your prompt attention to this request.

(Name) _____

(Street Address) _____

(Telephone Number) _____

(City, State, Zip) _____

(Signature) _____