



Authorization for Canceling Automatic Payment

Dear:

I am writing to inform you of a change in my banking relationship concerning my

Account Number: .

I currently have my payment automatically withdrawn from my

Checking/Savings Account Number: at on

the of the month.

I would like to cancel these monthly transactions, 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 the one dated .

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date:

Second Signature (if joint account): _____ Date: