

Please Cancel My Automatic Payment

(Send this form to your vendor)

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I am writing to inform you	of a change in my bankii	ng relationship concerning	g 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I currently have my		payment automatically withdrawn from my				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:		re:				
Second Signature (if joint account):						