

Cancel automatic payment

Company name

Address

City

State

Zip code

ATTENTION: Accounts Receivable/ Accounting

Subject: Canceling My Automatic Payments

I am in the process of relocating to a different area. I would like to have my automatic payments with your company discontinued effective as of the date listed below. I appreciate your assistance in this matter. Please send a confirmation of this termination to the address shown.

Sincerely,

Authorized signature (original signature required to authorize change)

Date

Automatic payment information

First name

Bank name

Last name

Purpose

Address

Amount of payment

City

State

Zip code

Routing number

Account number

Day phone

Evening phone

Date of payment

Effective cancel date