

# 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

Last Name

Address

City / State / Zip Code

Day Phone

Evening Phone

Bank Name

Purpose

\$

Amount of Payment

Routing Number

Account Number

Date of Payment

Effective Date to Cancel

