

Date: _____

To: _____

Address: _____

City, State, Zip: _____

RE: Automatic Payment cancellation

To Whom it may concern:

I have recently switched banks and wish to cancel my enrollment in your Automatic Payment program. My information is as follows:

Name(s) on account: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Account Number: _____

You have been automatically taking payments from the following account:

Account Number: _____

Financial Institution: _____

If you have any questions please contact me at: _____

Thank you.

Sincerely,

Signature