

**AUTHORIZATION FOR CANCELING
AUTOMATIC PAYMENT**

_____ (Insert Date)

Dear: _____ (Name of Vendor)

I am writing to inform you of a change in my banking relationship concerning my
Account Number: _____ (Vendor Account #).

I currently have my _____ (Name of Vendor) payment
automatically withdrawn from my Checking/Savings Account Number:
_____ at _____ (Name of Bank/Credit
Union) on the _____ (1st, 15th, etc) 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 _____ (date of
the last transaction).

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date _____

Second Signature (if joint account) _____

Primary Name: _____ (printed)

Secondary Name: _____ (printed)

Street Address: _____

City, State, Zip: _____

Phone Number: _____