

AUTOMATIC PAYMENT CANCELLATION FORM

Date: _____

Name: _____

PLEASE CANCEL THIS AUTOMATIC PAYMENT PER MY INSTRUCTIONS

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Account Number: _____

Previous Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Amount: _____

Monthly

Bi-Weekly

Weekly

I authorize my automatic payment to be cancelled effective: _____

If you have any questions, please call me at _____.

Authorized Signature: _____