



## Authorization for Canceling Automatic Payment



**Dear:**

I am writing to inform you of a change in my banking relationship concerning my Account Number:

I currently have my \_\_\_\_\_ payment automatically withdrawn from my  
Checking/Savings Account Number: \_\_\_\_\_ at \_\_\_\_\_ on the  
\_\_\_\_\_ 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 \_\_\_\_\_.

Thank you for your prompt attention to this request.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_