



Automatic Payment Cancellation Letter

Date: _____

Dear: _____
(Company/Employer)

I am writing to inform you of a change regarding automatic payment withdrawal regarding account number _____.
(Account Number)

Currently, my _____ payment is automatically withdrawn from my account
(Company/Employer)
number _____ held at _____. The automatic payment
(Account Number) (Previous Financial Institution Name)

withdrawals are made on the _____ day(s) of the month.
(1st, 15th, other)

I hereby notify you of the cancellation of the authorization for the above referenced automatic payment withdrawals. I understand that I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last automatic payment withdrawal to be dated _____.
(Date of Last Transaction)

Thank you for your prompt attention to this request.

Print Name

Address

Signature

City, State, Zip

Date

Phone Number

240-436-4000 or toll free 1-855-436-4100