



Automatic Withdrawal Cancellation Form
Authorization agreement for canceling automatic withdrawals (ACH debits)

Directions for Customer Use:

- Use the following form to cancel the automatic payments that you make from your former bank account.
- Depending on when your next payment is due, it may take more than one billing cycles for the cancellation to become effective.
- **Please complete, sign, and submit this form to the appropriate organization/company.**

First Name

Middle Name

Last Name

Address

City

State

Zip

Account #: _____

Type of Account: Checking Savings

Company/Agency Name: _____

Address

City

State

Zip

Account Number

Next Payment Due Date

EFFECTIVE IMMEDIATELY: I would like to cancel these automatic withdrawals and submit this form as written notification of my termination of your company's authorization to debit my account. I expect that your last automatic withdrawal from my account will be for the payment due date listed above.

Thank you for your prompt attention to this request.

Signature (required)

Date

Telephone Number
