



Request to Cancel Automatic Payments

Date: _____

Dear: (Vendor Name) _____ ,

I am writing to inform you of a change concerning my account number:

I currently have my payment automatically withdrawn from my Checking/Savings with
(name of financial institution) _____

account number: _____ on the _____ day of the month.

I would like to cancel this recurring transaction and submit this letter as written notification of my intention.

I understand I need to give you at least two weeks' notice prior to the next scheduled payment. 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): _____

Printed Name(s): _____

Address: _____

Phone Number: _____