



Authorization for Canceling Automatic Payment

(insert date)

Dear

I am writing to inform you of a change in my banking relationship concerning my account number # (vendor account #) .

I currently have my (name of vendor) payment automatically withdrawn from my checking/savings account # from (bank or credit union name) on the (1st, 15th, etc.) 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 (date of last transaction) .

Thank you for your prompt attention to this request.

Sincerely,

(name)

(street address)

(city, state, zip)

(phone number)