

Authorization for Canceling Automatic Payment

Date: _____

To Whom it May Concern: _____

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

Account Number: _____

I currently have my _____ payment automatically withdrawn from my Checking/Savings account (Account Number: _____) at _____ on the _____ of the month.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 that 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: _____

Joint Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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