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I currently have my \_\_\_\_\_ payment automatically withdrawn from my Checking/Savings account (Account Number: \_\_\_\_\_ ) at \_\_\_\_\_ on the \_\_\_\_\_ of the month.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