



## Automatic Payments Cancellation

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**TO:**

\_\_\_\_\_  
Name of Biller

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number with Biller (find this on your current statement)

**FROM:**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

I authorize you to cancel my Automatic Payment and no longer deduct funds from:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
/ /  
Effective Date

Please contact me at the phone number above if you need additional information.  
In signing this form I authorize you discontinue automatically receiving payment

\_\_\_\_\_  
Primary/Joint Owner's Signature

\_\_\_\_\_  
Date