

auto payment - cancelation request

Date: _____

To: _____

Currently my _____
payment is automatically withdrawn on the _____ of the month.

I would like to cancel these monthly transactions and submit this written notification of that intention.

My bank account information is:

Bank Name: **Lake Elmo Bank**

Bank Address: **Post Office Box 857 Lake Elmo MN 55042**

Routing #: **091910196**

Bank Account Number: _____ Checking Savings

Thank you for your prompt attention to this request.

Name _____

Address _____

City, State Zip _____

Phone Number _____

