

Cancel my automatic withdrawal

Checking Switch Kit
Authorization to cancel my automatic withdrawal

Dear

I am writing to inform you of a change in my banking relationship concerning my account number _____.

Currently, my _____ payment is automatically withdrawn from my checking/savings account # _____ at _____ Bank on the _____ of the month.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Please accept this as my two weeks written notice. Therefore, I expect the last transaction from _____ Bank to occur on _____.

Thank you for your prompt attention to this request.

Sincerely,

PLEASE PRINT

Name of the company to receive this form:
Address where payment is sent:
Account number at this company:
Telephone number of this company:
Your name(s):
Your address: