

## CANCEL AUTOMATIC PAYMENT

Company Name

Address

City / State / Zip Code

ATTENTION: Accounts Receivable/Accounting

Subject: Canceling My Automatic Payments

I am in the process of relocating to a different area. I would like to have my automatic payments with your company discontinued effective as of the date listed below. I appreciate your assistance in this matter. Please send a confirmation of this termination to the address shown.

Sincerely,

\_\_\_\_\_  
AUTHORIZED SIGNATURE (Original signature required to authorize change) DATE \_\_\_\_\_

### Automatic Payment Information

First Name

Bank Name

Last Name

Purpose

Address

Amount of Payment

City / State / Zip Code

Routing Number

Account Number

Day Phone

Evening Phone

Date of Payment

Effective Date to Cancel



FLINT COMMUNITY BANK

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