



Sheboygan  
Area Credit  
Union

# Authorization for Canceling Automatic Payment

Date:

Company Name:

Dear \_\_\_\_\_,

I am writing to inform you of a change in my banking relationship concerning my Account Number:

I currently have my \_\_\_\_\_ payment automatically withdrawn  
from my Checking/Savings 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 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: \_\_\_\_\_

Second Signature (if joint account): \_\_\_\_\_

Name:

Address:

Phone: