



# Request to Cancel Automatic Payments

Date:

Dear: (Vendor Name) \_\_\_\_\_ ,

I am writing to inform you of a change concerning my account number:

\_\_\_\_\_

I currently have my payment automatically withdrawn from my Checking/Savings with  
(name of financial institution) \_\_\_\_\_  
account number: \_\_\_\_\_ on the \_\_\_\_\_ day of the month.

I would like to cancel this recurring transaction and submit this letter as written notification of my intention.

I understand I need to give you at least two weeks' notice prior to the next scheduled payment. 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): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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