_____
(Date of Letter)

_____
(Name of Bank)

_____
(Attn: Accounts Department)

_____
(Street Address)

_____
(City, State and Zip Code)

RE: Automatic Account Payments

Dear Accounts Director:

On the_____day of_____(month/year), I authorized _____(name of entity, corporation or individual) to be allowed an automatic payment withdrawal from account _____(number of account) in the amount of $_____per _____(month, quarter, year, etc.). The purpose of this automatic payment and withdrawal from the account was for

_____
(description of reason for automatic payment withdrawal). However, at this time the undersigned no longer wishes to allow for automatic payment from the aforementioned account and respectfully requests an immediate transmittal to the undersigned of any necessary documents for completion of this task in order to stop the automatic payment and/or withdrawal from continuing. It is also requested that the automatic payment or withdrawal terminate immediately with the understanding that the substantiating documents will be completed by the undersigned and returned on a timely basis. Should there be any inquiries relative to this matter, kindly contact the undersigned at the address or phone number listed below. Thank you.

Very truly yours,

_____
(Signature)

_____
(Address)

_____
(City, State and Zip Code)

_____
(Phone Number)

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