



Date: _____

Vendor/Merchant: _____

Account #: _____

Last Payment Date: _____

Dear Account Representative,

Please note that all future automatic payments made on above noted account should be canceled as I have changed financial institutions.

I understand that I need to give a notice of at least two weeks prior to the next scheduled transaction. So, I will expect the last transaction from my current financial institution, _____ to be on the date listed above.

Please consider this request, indicated by my original signature, as a formal order to cancel any future payments/drafts.

Sincerely,

(member signature required)