

Automatic Payment Cancellation Form

Company Name:
Address:
City, State, Zip



RE: Changing My Automatic Payment Information

ATTN: Accounts Receivable / Accounting

Please cancel my automatic payment.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

(Authorized Signature)

(Date)

Automatic Payment Information

(Name)

(Address)

(City, State, Zip)

(Home Phone)

(Mobile Phone)

(Amount Debited or Payment Amount)

(Date of Payment)

Citizens National Bank

091202325

(Bank Name)

(Routing Number)

(Account Number)