

Authorization for Canceling Automatic Payment



Date _____

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I currently have my _____ payment automatically withdrawn from my bank or credit union name on the _____ of each month.

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

Street Address

City, State, Zip

Daytime Phone Number

For additional information or help, contact us at:
954-486-2728 800-637-BSCU (outside Broward County)
www.bscu.org/contact