



**Main Branch**  
 1117 28th St. P.O. Box 375  
 Manistee MI 49660  
 231-723-3400

**Parkdale Branch**  
 11778 Kemmer Rd. P.O. Box 375  
 Manistee MI 49660  
 231-398-0431

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**AUTHORIZATION FOR CANCELING AUTOMATIC  
 PAYMENT**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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I currently have my \_\_\_\_\_ payment automatically withdrawn  
 (name of organization)

from my Checking/Savings Account Number: \_\_\_\_\_ at

\_\_\_\_\_  
 (bank or credit union)  
 on the \_\_\_\_\_ of the month.

I would like to cancel these monthly transactions, and submit this letter as written notification of that intention.

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

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