

# Automatic Payment Cancellation

## Instructions

Use the template below to **cancel** an automatic payment withdrawal from your checking account that you previously authorized. Complete, print and sign one letter for each payee. Note that **you** then assume responsibility for making timely payments, through enrollment in and use of *MyIslandBanking.com* bill payment service or through other means.

Include your account number with each company on that firm's letter so they can identify you. Give an effective date at least three weeks ahead so they have time to process your request. Add other information you think they might need in the "Other Information" area.

### ***For your records***

Mailed authorization to (company name) \_\_\_\_\_ who handles my  
(account description) \_\_\_\_\_ on (date) \_\_\_\_\_ to **cancel** future  
automatic payments.



# Automatic Payment Cancellation

To \_\_\_\_\_  
*Company Name*

From \_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Company Mailing Address*

\_\_\_\_\_  
*Your Mailing Address*

\_\_\_\_\_  
*City, State Zip*

\_\_\_\_\_  
*City, State Zip*

My account number with your company is: \_\_\_\_\_

**I authorize you to permanently CANCEL automatic payment deductions** from my checking account as of (date) \_\_\_\_\_. I accept full responsibility for making timely payments by other means. Thank you for your prompt attention to my request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_