

**CANCELLATION FORM FOR DIRECT PAYMENTS
(ACH DEBITS)**

COMPANY
NAME _____

COMPANY
ID NUMBER _____

I (we) hereby authorize _____, hereinafter called Company, to cancel debit entries to my (our) _____ Checking Account / _____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to no longer debit such account. I (we) acknowledge that the cancellation of ACH transactions to my (our) account must comply with the provisions of the U.S. law. Upon cancellation of ACH debit transactions, I (we) agree to the collection and disconnection policies of said Company from this point forward.

Depository
Name _____

Branch _____

City _____

State _____ Zip _____

Routing No. _____

Account No. _____

This authorization shall serve as notification that I (we) wish to terminate ACH debit services as of this _____ day of _____, _____

Name(s) _____

ID Number _____

Signature _____

ACCOUNT WILL NO LONGER BE DEBITED AFTER THE ABOVE MENTIONED DATE.