

# ACH CANCELLATION LETTER

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

Account# \_\_\_\_\_

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

I am writing to inform you of a change with regard to my automatic payment withdrawal regarding account number \_\_\_\_\_.

Currently my NHSUD payment is automatically withdrawn from my account # \_\_\_\_\_ held at \_\_\_\_\_ (bank). The automatic payment withdrawals are made on approximately the 15-20<sup>th</sup> day(s) of the month.

I hereby notify you of the cancellation of the authorization for the above referenced automatic payment withdrawals.

I understand that I need to give you at least two weeks' notice prior to the next scheduled transaction.

Therefore, I expect the last automatic payment withdrawal to be dated \_\_\_\_\_.

Thank you for your prompt attention to this request.

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

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

City, State & Zip: \_\_\_\_\_

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

Signature

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

Approval Signature

