



ACH Cancellation Request

DATE: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

Phone Number: _____

TO WHOM IT MAY CONCERN:

PLEASE DISCONTINUE THE ACH DRAFT(S) TO THE ABOVE ACCOUNT IMMEDIATELY. I UNDERSTAND THAT I WILL NEED TO REAPPLY IN ORDER TO REINSTATE THE DRAFT AT A FUTURE DATE.

Signature: _____

Bank Account Holder's

Name: _____

Received on _____, **by** _____

(date)

(employee)