

Name: _____

Address: _____

Phone: _____

Financial Institution details:

Name: _____

Address: _____

Fax No. (if faxing this form): _____

Dear Sir/Madam,

Re: Cancellation of Periodical Payments

I request that the following Periodical Payments with your financial institution be cancelled upon receipt of this letter.

Customer Name: _____

Customer Number: _____

To (Payee name): _____

To (Payee name): _____

Other relevant information or instructions (insert below)

Thank you for your past service and assistance in this matter.

Yours faithfully,

Signature: _____ Date ___ / ___ / ___

Signature: _____ Date ___ / ___ / ___