



Cancellation of Automatic Payment Notification Letter

Date: _____

Name: _____

Address: _____

To the City of Wood Village:

I currently have my payment for account number _____ automatically withdrawn from my bank account. Effective immediately, I would like to cancel these automatic withdrawals and submit this letter as written notification of my termination of the automatic withdrawals for the City of Wood Village to debit my account.

Thank you for your prompt attention to this request.

Sincerely,

Signature
