

WALLED LAKE SCHOOL EMPLOYEES FEDERAL CREDIT UNION

Automatic Payment Cancel Form

Give this to Company/Payee

Please cancel this automatic payment per my instructions:

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Previous Financial Institution _____ Account Number _____

Payment Amount \$ _____

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be canceled effective _____ / _____ / _____

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____

