*[Your Name]
[Your Address]*

*[DATE]
[Bank/Credit Union Name]
[Bank/Credit Union Address]*

RE: Revocation of authorization for electronic debits

To Whom It May Concern:

*[Company name]* no longer has my permission to take automatic debit payments from my bank account. I have revoked the authorization that had enabled this company to debit my account via electronic funds transfer.

 *My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Checking Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Payee Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Account number with Payee Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 (If you have the information, provide):

 *Payment amount or range of amounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date[s] the schedule payment[s] appeared on my account statement: \_\_\_\_\_\_\_\_\_\_\_\_*

Specifically (*select one*):

\_ I have revoked authorization as of \_\_\_\_\_ date for any future debits by *[Company name].*

\_ I have revoked authorization as of \_\_\_\_\_ date for the next scheduled debit by *[Company name].* I have not revoked authorization for other debits.

Sincerely,
[Your Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date