



Saint Thomas Credit Union
Big Enough to Serve You ... Small Enough to Know You!

Stop Automatic Payments

Date: _____

Vendor/Merchant: _____

Account #: _____

Last Payment Date: _____

To whom this may concern,

Please note that all future automatic payments made on above noted account should be canceled as I have changed financial institutions. I understand that I need to give a notice of at least 30 days prior to the next scheduled transaction.

So, I will expect the last transaction from my current financial institution, _____ to be on the date listed above.

Please consider this request, indicated by my original signature, as a formal order to cancel any future payments/drafts.

Sincerely,

(Member Signature Required)