

Electronic Payment Authorization Revocation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally revoke my authorization for electronic payments to be made from my account with [Your Bank Name] for account number [Your Account Number]. This revocation is effective immediately, and I request that you cease any further transactions from my account.

For your records, please consider this letter as the official confirmation of my request to stop any electronic payment deductions that were previously authorized. Should you require any further information, please feel free to contact me at the number or email address provided above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]