

Revocation of Automatic Payment Authorization

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 notify you that I am revoking the automatic payment authorization associated with my account, [Your Account Number or Reference], effective immediately.

Please ensure that no further automatic payments are deducted from my account. I request a confirmation of this cancellation in writing at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]