

Stop Automatic Payment Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Subject: Request to Stop Automatic Payment

Dear [Recipient's Name],

I am writing to formally request the cancellation of the automatic payment agreement associated with my account, [Your Account Number], effective immediately. Please consider this letter as my official notice to terminate any automatic payment deductions.

I appreciate your immediate attention to this matter and request a written confirmation once my automatic payment has been successfully canceled.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]