

BIIA ACH CANCELLATION LETTER

Date: _____

POLICY# _____

Policy Name: _____

I am writing to inform you of a change with regard to my ACH withdrawal regarding policy number _____.

Currently my monthly payment is automatically withdrawn from my account # _____ held at _____ (bank).

I hereby notify you of the cancellation of the authorization for the above referenced ACH withdrawals.

I understand that I need to give you at least two weeks' notice prior to the next scheduled transaction.

Therefore, I expect the last automatic payment withdrawal to be dated _____.

Thank you for your prompt attention to this request.

Name: _____

Address: _____

City, State & Zip: _____

Date: _____

Signature

Date: _____