

Cancel Automatic Payment Form



At West Community, we make switching your checking account fast and easy. Complete the form below and sign to discontinue payment to any company that takes funds directly from your account as payment for a product or service. Provide this form to all appropriate companies to notify them that you are closing your current account and do not wish to continue their services.

Name(s) on Account _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____

Previous Financial Institution _____

Checking Acct. Number To Be Discontinued _____

I authorize the closure of my account effective as of this date _____

Vendor/Company Name Where Payment is Being Withdrawn _____

Payment withdrawn on _____ (1st, 15th, 30th) of each month.

This form is to serve as notification that I am cancelling these transactions.

It is my intention that the last payment be withdrawn no later than _____
(two weeks from notification).

Authorized Signature(s) X _____

X _____

Date _____