

STOP Automatic Withdrawal from Bank Account

**First Name, Middle Name, Last Name
Complete Address
City State Zip
Phone * Email**

Date

Name of Bank **RE: Stop Automatic Withdrawal from Bank Account**
Address
City State Zip
Attn: Bank Manager Name **Account #: 000000000**

RE: Creditor Name
Account #: _____
Your Name: _____ *(As it appears on your account)*

Dear Bank Manger:
Effective immediately, the following company does not have my permission to withdraw funds from my account(s).

Name of Company (Debt Collector or Creditor)
Address
City State Zip
Phone

Thank you for making this notation to my file related to account(s) with your bank.

Yours truly,

Your Signature

Maintain a File:

- Take two copies of the letter to your bank.
- Have the bank manager sign & date one copy.
- Keep the signed copy for your files.