

AUTOMATIC PAYMENT CANCELLATION

VENDOR NAME

CUSTOMER NAME

STREET

CITY

STATE

ZIP

ACCOUNT #

PHONE #

I currently have my payment automatically withdrawn from my checking or savings account from _____ (financial institution) on the _____ of the month. I would like to cancel this monthly transaction and submit this as written notification of that intention.

I understand I may need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____.

Thank you for your cooperation in fulfilling this account change.

Sincerely,

SIGNATURE

DATE

JOINT SIGNATURE (if applicable)

DATE



SECURITY STATE BANK

- Basin – PO Box 531, Basin, WY 82410 (307) 568-2483
- Gillette – PO Box 489, Gillette, WY 82717 (307) 686-8080
- Sheridan – 2070 Coffeen Ave, Sheridan, WY 82801 (307) 672-8080
- Worland – 320 N. 10th, Worland, WY 82401 (307) 347-4300
- Greybull – 901 N 6th St, Greybull, WY 82426 (307) 765-2600