



Mayor
Patricia Smith

Council President
Timothy Clark

Councilors
Scott Harden

Bruce Nissen

Jimmy Frank

MONTHLY AUTOMATIC WITHDRAWAL CANCELLATION AUTHORIZATION

Date _____

I am writing to inform you of a change with regard to my automatic payment withdrawal regarding account number _____.

Currently my payment is automatically withdrawn from my account held at _____.
The automatic payment withdrawals are made on the 15th of the month.

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

I understand that I need to give you at least a two weeks notice prior to the next scheduled transaction. Therefore, I expect the last automatic payment withdrawal to be dated _____.

Signature: _____

Print Applicant Name: _____

Home Address: _____ Wood Village, OR 97060