

**DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**TAX ACCOUNT NUMBER(S):** \_\_\_\_\_

\_\_\_\_\_

**NAME TAX ACCOUNT IS UNDER:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**REASON FOR CANCEL:** \_\_\_\_\_

**FORWARDING ADDRESS (if applicable):** \_\_\_\_\_

\_\_\_\_\_

*Please cancel the automatic debit payment for the above referenced account number(s).*

**Signed:** \_\_\_\_\_