



DIRECT DEBIT CANCELLATION FORM

To Whom It May Concern:

Date: _____

To: _____ (Bank)
(Please print name of your bank)

_____ (Branch)
(Branch where account is maintained)

Current A/C # _____ Savings A/C # _____ Other A/C # _____
(Complete the one that is applicable)

Effective the month of _____ please cancel my direct debit on _____ for the
(Hit Date)
following policies:

DETAILS OF POLICY(S)			
Policy Number(s)	Name(s) of Person(s) Insured	Premium	Loan Repayment

_____ Date

Signature(s) of Depositor(s) as shown in bank records for account maintained above

_____ Checked by

_____ Date

