

UNITY CREDIT UNION

Automatic Payment Cancel Form

Give this to Company/Payee

Please cancel this automatic payment per my instructions:

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Previous Financial Institution _____ Account Number _____

Payment Amount \$ _____

Monthly

Bi-Weekly

Weekly

I authorize my automatic payment to be canceled effective ____/____/____

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____

UNITY CREDIT UNION

Serving Members Since 1954

MAIN OFFICE

7240 East Twelve Mile Road • Warren, MI 48092
586-573-4110 • Fax: 586-573-2593

BRANCH OFFICE

24530 MacArthur • Center Line, MI 48015
586-755-4370 • Fax: 586-755-4032

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