



CUSD Cancellation of Electronic Funds Transfer

I _____ hereby request Carmel Unified School District to
(Full Name)

withdraw me from any future participation in the automatic payment service. I understand that by requesting withdrawal from automatic payments, it severs the preauthorized debit relationship in its entirety.

I understand that this completed request form must be received by the Carmelo office no later than 10 business days before the next scheduled date of the automatic payment to be valid.

Bank Account Information

Bank or Credit Union Name

Checking Savings

Account Name

Account Number

SIGNATURE _____
(Account Holder's Signature)

DATE _____

Office Use

Date Received

Employee Signature
