



100 W Harrison St.
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AUTOMATIC PAYMENT REQUEST FOR CANCELLATION FORM

Homeowner Information

Name: _____
Address: _____
Condominium Association: _____
Unit Number: _____

Homeowner Instructions:

1. Complete the required information at left
2. Read all information posted below.
3. Retain a copy of this form
4. Return the original form to GFK Management

Reason for Cancellation: New Bank Account _____ (New sign up form attached? _____)
No longer interested _____ Other _____
Bank Name: _____ Account #: _____

Cancellation Effective Date**

****Please note: If this form is received in our office on or after the 25th of the month prior to the date you wish to cancel your authorization, your debit has already been authorized and cannot be recalled.**

If it is imperative that the money not be withdrawn from your account then you must place a stop payment on the ACH that has already been authorized. If you do not put a stop payment on the authorized ACH, it will be withdrawn from your account and this cancellation request will go into effect the month after.

For example:

1. If this form is received **on or after the 25th** of January and you wish to cancel your February ACH you must contact your bank and Stop Payment. This form will effectively stop all payments beginning in March.
2. If this form is received **before the 25th** of January and you wish to cancel your February ACH this form will effectively stop all payments beginning in February and you will not need to contact your bank.

I understand and agree with the information posted above, and hereby cancel all prior authorizations given to GFK Condominium Management for ACH withdrawal:

Homeowner Signature: _____ Date: ____/____/____

Please DO NOT write in box below.

Management Use Only: FB QB MT