Notice to Terminate ACH Processing

Automatic Monthly Payments

Please COMPLETE, SIGN and FAX this notice to (310) 400-5826

First name

Last name

Property address

Unit #

Work number

Cell number

Amount to be debited on a monthly basis

Financial institution

Bank account number

Routing number

☐ Checking ☐ Saving

Please allow this notice to serve as a written request to Cambridge Partners, Inc, that I/we wish to terminate ACH Processing on the following date:

Month _____

Day _____

Year _____

I authorize Cambridge Partners to terminate ACH processing. I understand that this request may take up to 96 hours to process (not including weekends).

Resident's signature _____ Date _____