

**ALL SAINTS CATHOLIC CHURCH
1204 LOGAN STREET
HOLDREGE, NE 68949
(308) 995-4590**

Automatic ACH Cancellation

Name: _____

Address: _____ State: _____ Zip Code: _____

Withdrawn From:

Checking Account # _____

ABA Routing # _____

Bank Name _____

Name on Account: _____

I hereby cancel the automatic withdrawal from

Checking Account # _____ beginning _____ .

Signature

Date