Community
Loan Servicing SM

Automatic Payment Cancellation Form

Complete this form and send it to Community to cancel your existing Automatic Payment Authorization

By completing, signing and returning this form, you are requesting to cancel your automatic mortgage payment transactions.

You will need to provide the bank information that you used for your automatic payment withdrawals.

You must notify Community of your desire to stop payments at least three (3) business days before the Withdrawal Date on which you wish the cancellation to take effect by notifying Community in writing to:

Community Loan Servicing, LLC
Attn: Customer Support
4425 Ponce de Leon Boulevard, 5th Floor
Coral Gables, FL 33146

Automatic Payment Cancellation Request

Borrower Name: _____ **Bank**

Name: _____ **Loan #:** _____ **Bank**

Routing # _____**Bank Account #:** _____ **Street**

Address: _____ **Phone:** _____ **City:**

_____ **State/Province #:** _____ **Zip Code:** _____ **Bank**

Account Type:

☐ **Checking**

☐ **Savings**