

**ELECTRONIC WITHDRAWAL  
CANCELLATION NOTICE  
COUNTRY ROADS**

Name(s): \_\_\_\_\_ Lot #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Stop Date: \_\_\_\_\_

*(Do not use the 1st day of the month as your Stop Date.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and delivered to the accounting office by the **25th** of the month before the ACH Debit is to be stopped. This form is for cancellation for any ACH Debit. ACH Debits will not be stopped on any account unless this form is signed and turned into the accountant.