



CHILD HEALTH PLUS CANCELLATION OF DIRECT DEBIT

Cancellation of Direct Debit

Please cancel the Direct Debit instructions detailed below effective from _____

Bank Account # _____

Routing # _____

Bank Name: _____

Bank Phone Number (_____)

Amount: (_____)

Due Date of Direct Debit: _____

I have copied this letter to the Bank for information

I agree to all terms stated herein and have provided this information accurately and completely. I understand I am subject to all rules and conditions of my bank and any applicable laws.

Signature: _____

Date: _____

Subscriber ID's: _____