

NOTICE OF TERMINATION

Of ACH Authorization Agreement FOR DIRECT PAYMENTS (ACH DEBITS)

Tenant or Tenants Name(s):	E-mail Address:
Address:	

I (we) hereby request Pabst, Kinney and Associates, Inc., hereinafter called COMPANY, to terminate debit entries in the amount of \$ _____, the amount of my current rent, from my Checking Account or Savings Account Indicated below.

Owners Bank:	Branch:	
City:	State:	Zip:
<p><i>Termination Date to End Monthly Withdrawals:</i></p> <p style="font-size: 1.5em;"><i>1st, 20</i> _____</p> <p>_____</p> <p><i>(Please Insert Month)</i></p>		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	

This Notice of Termination is the written notification from me (or us) required by COMPANY in a manner (3 BUSINESS DAY BEFORE THE 1ST OF EACH MONTH) as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name:	
Date:	Signature:

NOTE: THIS NOTICE OF TERMINATION PROVIDES RECEIVER THE AUTHORIZATION TO REVOKE ACH AUTHORIZED DEBITS IN THE MANNER SPECIFIED BY ORIGINATOR.

**PLEASE RETURN TO PABST, KINNEY and ASSOCIATES, INC.
SUBMIT WITH YOUR WRITTEN 30-DAY NOTICE**

PABST, KINNEY & ASSOCIATES, INC.

Property Management Office:
248 Redondo Avenue, Long Beach, CA 90803
Bus: (562) 439-2147 Fax: (562) 439-8339

Accounting Office:
230 Redondo Avenue, Long Beach, CA 90803
Bus: (562) 433-9477 Fax: (562) 439-9105