

# C.K. PREMIUM FINANCE, LLC

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ELECTRONIC FUNDS TRANSFER - EFT DEBIT

## CANCELLATION REQUEST FORM

I hereby authorize C.K. Premium Finance, LLC, to cancel the authorization agreement for Electronic Funds Transfer (EFT Debit) for the loan listed below:

### DEPOSITORY

NAME \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

### ACCOUNT TYPE (select one)

- Checking  
 Savings

This is formal, written notification of my request for cancellation. I understand that C.K. Premium Finance, LLC, is afforded a minimum of 30 days to process this cancellation request. I will be notified at the email below once my request has been processed.

Name(s) (print) \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Loan ID# \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Email completed form to [Veronica@txsecgen.com](mailto:Veronica@txsecgen.com) or Fax to 800-714-7110  
Attn: Veronica

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