



AMBASSADOR
DEALER FUNDING

**Automatic Payment (ACH)
Cancellation Form**

Borrowers Information:

Name: _____ Lease ID: _____

Address: _____, City _____, State _____ ZIP _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Email Address: _____ Payment Amount: \$ _____ Mo Bi Semi _____

To Cancel: _____

Reason for Cancelation

Please Check One:

Changing Banks*

No longer want to be on ACH (Will submit other form of Payment or paying off)

*New ACH information which includes: Signed form, voided check and/or typed authorization from bank, i.e. bank letter stating routing/account number signed by bank associate, bank issued authorization form. Cards stating only routing/account numbers will not be accepted.

I understand that the cancellation form must be submitted 4 business days (excluding Saturdays, Sundays, and holidays) prior to date needing to be canceled.

Signature

Date

Mailing Address: **AMB**
P.O. Box 60637
Lafayette, La 70506

FAX Number: **(337)205-8565**