



NOTIFICATION AGREEMENT TO DISCONTINUE DIRECT PAYMENTS (ACH DEBITS)
(Discontinue Payments)

Company Name: _____ Federal ID Number or SSN: _____

I (we) hereby notify The Thompson Company, hereinafter called COMPANY, to **discontinue** debit entries to my (our)
 Checking Account Savings Account (select one) indicated below at the depository financial institution named below,
hereafter called DEPOSITORY.

Bank Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Routing Number: _____ Account Number: _____

This notification is to remain in full force and effect until COMPANY has received written notification from me (or either of us) to resume debits.

Authorized Signer on Account: _____

Date: _____ Signature: _____

Attach a Voided Check Here