



Workers Compensation Fund
 100 West Towne Ridge Parkway, Sandy, Utah 84070
 800.446.2667 | www.wcgroup.com

TERMINATION NOTICE FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Company Name	Policy/Account Number
Coverage Effective Date	Coverage Expire Date

IMPORTANT TERMS

As separate agreements are executed for each policy, this notice will only affect the referenced coverage period.

Please terminate the ACH debits from the Checking Account / Savings Account (select one) indicated below. I acknowledge that failure to pay premium will result in cancellation of the policy.

Financial Institution	Branch	
City	State	Zip

Individual / Business Account (select one)

Routing Number	Account Number
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I understand that, after receiving this notice, WCF may take up to 30 days to terminate the ACH debits.

Name(s) _____ Title _____
(please print)

Signature(s) _____ Date _____

If you have questions about this form, please call our accounting department at (385) 351-8030 or toll free at (800) 446-2667 ext, 8030.

Internal Use Only	Policy Renewal Number
Date Received	Date Entered
Received By	Entered By
Comments/Changes	