



CANCELLATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____ Company Address/Suite # _____

I(we) hereby authorize NTS Development Company; hereinafter called COMPANY, to CANCEL debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to be cancelled as of ____/____/____.

Name(s) _____ Title/ID _____
(Please Print)

Date _____ Signature _____

Contact Information

Email address _____ Name _____

Phone number _____

Please return cancellation to:
NTS Development Company
ATTN: ACH Processing/Beth DeLozier
500 North Hurstbourne Parkway
Suite 400
Louisville, KY 40222
Or email to bdelozier@ntsdevco.com