



1981 Marcus Avenue ■ Suite C-131 ■ Lake Success, NY 11042 ■ 718-706-7755 ■ Fax: 718-706-7760

ACH Debit Cancellation Request

Allow One Billing Cycle to Process

Name: _____

Account #: _____

Apt. #: _____

Address: _____

I have elected to remove my account from the ACH Debit program. Going forward the monthly fees will be paid by check or money order. I understand the cancellation may take up to one billing cycle (30 days) to process.

Signature

Date

RETURN TO ACH DEPARTMENT

Via Fax: (718) 706-7760

**Via Mail: Metro Management Development, Inc.
1981 Marcus Ave. | Suite C-131
Lake Success, NY 11042
Attn: ACH Department**

Via Email receivables@metromanagementdev.com