



(308) 382-TOBA (8622) – info@tobafoods.com

**Form:** Notification Agreement to Discontinue Direct Payments (ACH Debits)

Company Name: \_\_\_\_\_ Federal ID Number or SSN: \_\_\_\_\_

I (we) hereby notify TOBA Inc, 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