



Termination Notice for Automatic Payments (ACH Debits)

Please Print or Type

Company Name	
Policyholder Name	Policy Number

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
<input type="checkbox"/> Individual	<input type="checkbox"/> Business Account	
Routing Number	Account Number	

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

Name of Insured	Title
	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, or you can email the accounting department at finance@wcf.com. The accounting fax number is (385) 351-8111.

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

Please return to:
WCF Insurance
Attn. Underwriting Department
100 West Towne Rldge Parkway
Sandy, Utah 84070

If you have any questions, please call (385) 351-8015
or (800) 446-2667 ext.8015
Fax: (385) 351-8166

For your protection, Utah law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.