



## Automatic Deposit Termination Request Form

P.O. Box 68365  
Milwaukie, Oregon 97268

Fill out and return to Northwest Nutrition Service, Inc.

Date: \_\_\_\_\_

I hereby request cancellation of the Automatic Deposit of my Child Care Food Program reimbursement.

I request cancellation of : Account number: \_\_\_\_\_

Name of bank or institution: \_\_\_\_\_

I understand that the Automatic Deposit will remain in full force until Northwest Nutrition Service has received a written notification from me requesting the termination and that the request for termination is received in such time as to afford Northwest Nutrition Service and the Depository a reasonable opportunity to act on the notification.

Provider Name: \_\_\_\_\_  
(please print)

Provider Signature: \_\_\_\_\_

Request date of termination: \_\_\_\_\_

(503) 653-7626 or 1-800-600-6058  
Fax: (503) 653-1484  
[www.nwnutritionservice.com](http://www.nwnutritionservice.com)  
email [information@nwnutritionservice.com](mailto:information@nwnutritionservice.com)

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