

STATEMENT OF FINAL AUTOMATIC WITHDRAWAL / CANCELLATION OF AUTOMATIC WITHDRAWAL

This form must be submitted to JSM a minimum of two weeks before the next scheduled automatic withdrawal.

I, _____, as a resident of
_____ would like to end my
automatic withdrawal agreement. Please deduct \$ _____ from my
account on the first day of _____, _____. This will be
the final payment deducted from my account.

Signature

Date