



AutoDraft – Cancellation Form

I hereby authorize cancellation of my participation in the New York City Bar Association's AutoDraft Payment Plan.

First Name _____ Last Name _____

Firm/Organization _____

City _____ State _____ Zip _____

Tel. #: _____

Email: _____

Member Signature: _____

Date: _____

- I'm cancelling participation in the AutoDraft Payment Plan and will continue my membership.
- I'm cancelling participation in the AutoDraft Payment Plan and resigning my City Bar Membership.

To complete your cancellation in AutoDraft, please send this cancellation form to:

New York City Bar Association - Membership Department
42 West 44th Street
New York, NY 10036
membershipautodraft@nycbar.org
Phone: 212.382.6663
Fax: 212.382.6760