

First American Credit Union

Bill Pay E - Cancel Form

(updated 1-20-2006)

Date: _____

Member Name: _____

Member Number: _____

_____ I/we have chosen to OPT out of the BILL PAY E service, I/we no longer have use for this service and would like it to be cancelled.

_____ I/we have closed our accounts with First American Credit Union and would like to have the BILL PAY E service cancelled.

_____ I/we have had numerous issues with the BILL PAY E and would like to cancel.

Thank you,

Member

Date

Member

Date

Member Service Rep. _____ Entered by: _____
Verified By: _____ Date Verified: _____