



3661 N. 6TH STREET, ABILENE, TX 79603-5644

(325) 691-2300 | (800) 535-2157 | CU@CoAFCU.org | www.CoAFCU.org

Better **BANKING** begins  
with **MEMBERSHIP**

### Request for Cancellation of Online Bill Pay Service

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

Member Number: \_\_\_\_\_

Name: \_\_\_\_\_

#### PLEASE READ CAREFULLY:

By signing this request for Cancellation of Online Bill Pay, I agree to abide by Communities of Abilene Credit Union regulations, policies, bylaws, and fees. I understand that by cancelling the bill pay service I am liable for any bills that are not processed through the bill pay service due to this request. I further agree that I will be responsible for all remaining fees associated with the bill pay service against my account(s).

**NOTE: Fees charged for Bill Pay service at the beginning of each month are for prior month's usage. Please be aware that fees for month prior to and including the month this request is received may still be assessed.**

I have read and understand the above agreement.

#### **SIGNATURE REQUIRED**

**PRIMARY/JOINT:** \_\_\_\_\_