

BILL PAY CANCELLATION REQUEST

Member Number:

Date:

Please terminate the Bill Pay activation for the member number listed above. I understand that termination is not immediate and may take up to ten days from the date listed above. Also, it is my responsibility to terminate any scheduled payments I have authorized, immediately. Furthermore, I understand that Tonawanda Valley FCU will not be held liable for any payments that might occur during this transition period.

Member Signature

You can fax this to: 585.344.2383
Tonawanda Valley Federal Credit Union
PO BOX 398
Batavia, NY 14021