

## 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.

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Member Signature

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