Communities of Abilene Federal Credit Union
Better BANKING begins with MEMBERSHIP
3661 N 6th Street , Abilene, Tx 79603-5466
325-691-2300 1-800-535-2157 www.coafcu.org

Request of 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 Federal 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 fee for month prior to and including the month this request is received may still be assessed.

I have read and understood the above agreement.

SIGNATURE REQUIRED

Primary/Joint: _____

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