



Bill Payer Cancellation Request

Return form by fax to:
806.798.4615

Return form by mail to:
Alliance Federal Credit Union
PO Box 64970
Lubbock, TX 79464

Name: _____

Account Number: _____

I, _____ would like to cancel my Bill Payer Service with Alliance Federal Credit Union. I understand all payments scheduled by me with Bill Payer will be stopped when the service is cancelled.

Member Signature

Date

What is the primary reason for cancelling this service?

- Account has been closed.
- Poor customer service.
- No longer use the service.
- Do not want to pay fee.
- Other _____

FOR OFFICE USE ONLY

Received By _____ Date _____

Date _____ Cancelled by: _____ Revised April 18, 2006