



Bill Pay Service Cancellation Request

I, _____, authorize American First Credit Union to cancel my Online
Please Print

Bill Pay service effective ____/____/____.
Cancellation Date

Account # _____ — ____ (example: 0000123456-80)
Account number- use leading zeros Suffix - Last two digits

Signature _____ Date _____

Note: Any scheduled or recurring payments on or after the cancellation date above will not be processed.