



Better BANKING for Less

**ONLINE BANKING BILL PAY  
CANCELLATION FORM**

I, \_\_\_\_\_, do hereby request the cancellation of Bill Payment from account number \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I understand that the monthly fee, if applicable, will be withdrawn the month following the cancellation request, as fees are withdrawn a month behind. Any scheduled or pending payments will be cancelled effective today. Once this form is received by LCFCU, Bill Payer will be cancelled within 3 to 7 business days.

Member Social Security #: XXX-XX-\_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

\_\_\_\_\_  
Member Signature Date

**INTERNAL USE ONLY**

Received on \_\_\_\_\_ by \_\_\_\_\_ Removed on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Employee Signature) (Date) (Employee Signature)

**BILL PAY USE ONLY**

SYM \_\_\_\_\_ CST \_\_\_\_\_ ADMIN \_\_\_\_\_ FDOCS \_\_\_\_\_ Open Date: \_\_\_\_\_

BP Plan: \_\_\_\_\_ BP ID: \_\_\_\_\_ BP ID MBR: \_\_\_\_\_