



70 Westview Street  
Lexington, MA 02421  
617-253-2845  
www.mitfcu.org

## BILL PAY SERVICE CANCELLATION REQUEST

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**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I hereby authorize MIT Federal Credit Union to cancel Bill Payment service for my account(s).*

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**