CFE
FEDERAL CREDIT UNION

CANCEL MATT WEB BILL PAYER ENROLLMENT

Please Print Name:

I, _____ wish to cancel my

MATT Web Bill Payer Enrollment for account # _____.

I understand that all previously scheduled future payments will be cancelled as a result of this request to cancel the MATT Web Bill Payer service, with the below exception:

> **Member is responsible for deleting any payments scheduled to be made within two (2) business days of the endorsement and submission of this cancellation notice.**

_____ _____
Member Signature **Date**

Reason for cancellation: _____

Bill Payer Administrator Use ONLY

_____
Initial date of enrollment

_____ _____
Bill Payer Account Cancelled by **Date and Time**

P.O. Box 958471 • Lake Mary, Florida 32795-8471 • Fax (407) 893-5720
Hours: Monday-Friday 7:00a.m. to 8:00p.m. Saturday 8:30a.m. to 2:00p.m.

(REV: 10/07)