

Electronic Bill Payment Termination Letter



Current Bill Pay Provider

Street Address

City State Zip

RE: _____
Member Name

Account Number

Member Address

Member Phone Number

City State Zip

Social Security Number

Dear Sir or Madam

Please terminate the following recurring Bill Pay electronic funds transfer(s) on the above-referenced account as of _____ :
Date

- | | | | |
|----|------------------|--------------------------------------|---------------------------------|
| 1. | _____
Payee | \$ _____
Dollar Amount (if appl.) | _____
Payment Date/Frequency |
| | _____
Address | _____
Account # | _____
Phone |
| 2. | _____
Payee | \$ _____
Dollar Amount (if appl.) | _____
Payment Date/Frequency |
| | _____
Address | _____
Account # | _____
Phone |
| 3. | _____
Payee | \$ _____
Dollar Amount (if appl.) | _____
Payment Date/Frequency |
| | _____
Address | _____
Account # | _____
Phone |
| 4. | _____
Payee | \$ _____
Dollar Amount (if appl.) | _____
Payment Date/Frequency |
| | _____
Address | _____
Account # | _____
Phone |

Additional lines included on next page, if needed.

Thank you for your assistance in this matter.

Member Signature

Date

Note: Complete form, send to Current Bill Pay Provider and retain a copy in member file. With this information, establish Telhio Bill Pay Services.

Additional Electronic Bill Payments To Be Terminated



5.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
6.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
7.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
8.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
9.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
10.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
11.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
12.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
13.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
14.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
15.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
16.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone