

# ONLINE BANKING BILL PAY CANCELLATION FORM



LCFCU.ORG | 202-707-5852  
800-32-LCFCU (52328) | 800-325-2328

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 I understand that the monthly fee, if applicable, will be withdrawn the month following the cancellation request, as fees are withdrawn a month behind.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 # \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:  
Library of Congress FCU  
8100 Professional Place, Suite 308  
Hyattsville, MD 20785-2229

**Completed forms can also be dropped off in-person at our Madison branch:**

**101 Independence Ave., SE,  
Room LM 634,  
Washington, DC 20540-9997**