

Johns Hopkins Federal Credit Union
2027 E. Monument St, Baltimore MD 21287
Phone: 410-534-4500 Fax: 410-342-1160

Bill Pay Cancellation Form

Name: _____

Account #: _____

Address: _____

Phone: _____

I hereby request Johns Hopkins Federal Credit Union to cancel my Bill Pay account as of _____.

(Date)

By submitting this application I authorize and acknowledge the cancellation of my Online Bill Payment service. The cancellation of my Bill Payment service will not affect my ability to access my JHFCU account(s) online. I understand that any applicable fees for the current month will be assessed to my account next month. Once this request is processed all Bill Payment information that was scheduled will be erased. (Include a radio button that must be checked in order to submit request.

Signed _____

Date ____ / ____ / ____