



Courtesy Pay Cancellation Request Form

Please cancel the Courtesy Pay Service for the following

Account Number: _____

Member Name: _____

Street Address: _____

City, State & Zip: _____

Phone Number: (____) _____

Authorization:

Primary Member's Signature

Date

Joint Member's Signature

Date

Completed Forms can be submitted via:

A. Fax to: (585) 453-7006

-or-

B. Mail to: The Summit Federal Credit Union
100 Marina Drive
Rochester, New York 14626