



# Fairfax County Federal Credit Union

*Creating valued relationships by helping build your financial future*

PO Box 1300 • Fairfax, Virginia 22038-1300 • 703.218.9900 • FAX 703.591.4168 • www.fairfaxcu.org

## Visa Auto Pay Cancellation Request

I, \_\_\_\_\_, would like to cancel the current auto pay for my Visa with Fairfax FCU.  
(print full name)

I would like this cancellation to be effective on \_\_\_\_\_.  
(Date)

This cancellation is for Visa account number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(input full account number from card)

I understand that I will now be responsible for making my payments on time or late fees could be charged to my account. I also understand that any late payments could be reported to my credit report.

Thank you,

---

Member's Signature

---

Today's Date

***Credit Union Use Only:***

---

***Credit Union Representative (Print)***

---

***Date Accepted***

---

***Card Services Representative (Print)***

---

***Date Processed***