



For Branch Use Only
F/M Completed
Date: _____
By: _____

VISA CREDIT CARD AUTOPAY CANCELLATION REQUEST

Member Information

Yes, I would like to CANCEL my Icon Credit Union credit card payment from automatic payment.

Date: _____ Name (as it appears on credit card): _____

Credit Card Account Number:

I have my payments automatically withdrawn from Icon Share Draft account

Member Number: _____ ID Number: _____

I would like to cancel this automatic payment. I will continue to make my scheduled payment by other methods. I am giving you at least 10 business days before the scheduled date of the payment to cancel this auto pay.

Member Signature: _____ Date: _____