



Request for Customer Disenrollment in Direct Debit Facility

Date

MM / DD / YYYY

BILLING COMPANY

Name of BILLING COMPANY/MERCHANT

CUSTOMER INFORMATION *(for disenrollment)*

Name of ACCOUNTHOLDER

Branch of account

13-digit Account Number

Payor Reference/Billing/Policy/Subscriber Number

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Requested by:

Customer's Signature Over Printed Name

Customer's Signature Over Printed Name

NOTE: SIGNATURE MUST MATCH THE SIGNATURE IN YOUR CUSTOMER SIGNATURE CARD.

FOR BANK USE ONLY

Signature Verified by:

Signature Over Printed Name Date

Approved by:

Signature Over Printed Name Date