



CANCEL MATT WEB BILL PAYER ENROLLMENT

Please Print Name:

I, _____ wish to cancel my

MATT Web Bill Payer Enrollment for account # _____.

I understand that all previously scheduled future payments will be cancelled as a result of this request to cancel the MATT Web Bill Payer service, with the below exception:

Member is responsible for deleting any payments scheduled to be made within two (2) business days of the endorsement and submission of this cancellation notice.

Member Signature

Date

Reason for cancellation: _____

Bill Payer Administrator Use ONLY

Initial date of enrollment

Bill Payer Account Cancelled by

Date and Time

P.O. Box 958471 • Lake Mary, Florida 32795-8471 • Fax (407) 893-5720
Hours: Monday-Friday 7:00a.m. to 8:00p.m. Saturday 8:30a.m. to 2:00p.m.

(REV: 10/07)