

**Electronic Bill Payment Termination Letter**



\_\_\_\_\_  
Current Bill Pay Provider

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

RE: \_\_\_\_\_  
Member Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Member Address

\_\_\_\_\_  
Member Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number

Dear Sir or Madam

Please terminate the following recurring Bill Pay electronic funds transfer(s) on the above-referenced account as of \_\_\_\_\_ :  
Date

- |                   |                                      |                                 |
|-------------------|--------------------------------------|---------------------------------|
| 1. _____<br>Payee | \$ _____<br>Dollar Amount (if appl.) | _____<br>Payment Date/Frequency |
| _____             | _____                                | _____                           |
| Address           | Account #                            | Phone                           |
| 2. _____<br>Payee | \$ _____<br>Dollar Amount (if appl.) | _____<br>Payment Date/Frequency |
| _____             | _____                                | _____                           |
| Address           | Account #                            | Phone                           |
| 3. _____<br>Payee | \$ _____<br>Dollar Amount (if appl.) | _____<br>Payment Date/Frequency |
| _____             | _____                                | _____                           |
| Address           | Account #                            | Phone                           |
| 4. _____<br>Payee | \$ _____<br>Dollar Amount (if appl.) | _____<br>Payment Date/Frequency |
| _____             | _____                                | _____                           |
| Address           | Account #                            | Phone                           |

Additional lines included on next page, if needed.

Thank you for your assistance in this matter.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

*Note: Complete form, send to Current Bill Pay Provider and retain a copy in member file. With this information, establish Telhio Bill Pay Services.*

**Additional Electronic Bill Payments To Be Terminated**



5.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
6.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
7.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
8.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
9.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
10.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
11.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
12.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
13.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
14.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
15.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone
16.	_____	\$ _____	_____
	Payee	Dollar Amount (if appl.)	Payment Date/Frequency
	_____	_____	_____
	Address	Account #	Phone