



GEORGETOWN UNIVERSITY
ALUMNI AND STUDENT
FEDERAL CREDIT UNION
www.guasfcu.com

3700 O Street, NW
Washington, DC 20057
(202) 687-3898 - Phone
(202) 338-7635 - Fax
help@guasfcu.com

QUICKPAY CANCELLATION AGREEMENT

*To cancel your QuickPay service, return the completed form to the Credit Union.
Please allow 1-2 weeks for processing.*

MEMBER INFORMATION

An authorized signer on the Credit Union account should complete this section.

Credit Union Account Information

Account Number:

Phone Number:

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Name:

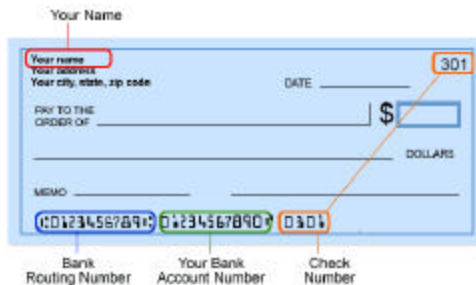
E-Mail:

I hereby request that GUASFCU terminate all future QuickPay transactions to the account indicated above. I understand and agree that the cancellation request will not be effective until a time sufficient for the termination of all transactions has passed. This period of time shall be a minimum of one week and a maximum of two weeks. I agree to be subject to and liable for all transactions that may occur within two weeks of the cancellation request. I further agree to be liable for any and all transactions that are returned unpaid for any reason within the aforementioned period, and understand that a \$25 fee will be charged to my GUASFCU account should such a return occur.

Signature

Date

QuickPay Bank Account Information on file to be cancelled



Bank Name:

Bank Routing (ABA) Number:

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Your Bank Account Number:

Type of Account:

 Checking Savings

Your Bank's Phone Number:

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