



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

3700 O Street, NW
 Washington, DC 20057
 (202) 687-8616 - Phone
 (202) 338-7635 - Fax
 help@guasfcu.com

QUICKPAY CANCELLATION REQUEST

To cancel your Quickpay service, return the completed form to the Credit Union. You may also submit the form via fax at (202) 338-7635 or via email to quickpay@guasfcu.com. Please allow up to 3 business days for processing.

GUASFCU 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:

Please select from the following options. If you would like to cancel more than one Recurring Quickpay, you must complete separate cancellation forms.

- On Demand
- Recurring Transfer – 1st of the Month
- Recurring Transfer – 15th of the Month

Amount:

\$, .

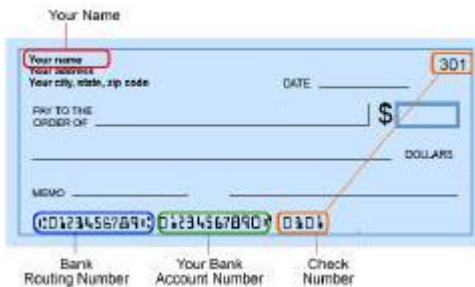
Written Amount: _____

I hereby request that GUASFCU terminate all future Quickpay transactions to the account indicated above. I understand and agree that the cancellation process requires three business days to take effect. I agree to be subject to and liable for all transactions that may occur within the cancellation request period. 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

External 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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