

Termination Form

Envision Credit Union

Member Name: _____

Member Number: _____

Complete the appropriate section below. Your signature is required at the bottom of the page to process your request. Please check the services you wish to terminate:

e-Branch/ Bill Payer (please check only one)

_____ I wish to terminate Bill Payer ONLY, but still have access to e-Branch.

_____ I wish to terminate e-Branch including Bill Payer.

Please state the reason for terminating e-Branch or Bill Payer: _____

Cross Account Transfer

DEPOSITOR - I do not want to send money transfers to the following accounts:	
Member's Name (please print)	Member's Account Number
1.)	
2.)	
3.)	

RECIPIENT - I do not want to receive money transfers coming from the following accounts: (must correspond with application)	
Member's Name (please print)	Member's Account Number
1.)	
2.)	
3.)	

Envision Credit Union is authorized to discontinue my ability to access and utilize e-Branch, Bill Payer and/or Cross Account Transfers as indicated above. It is understood that this notice will not be effective until it is received by the Credit Union and they have had a reasonable opportunity to act upon it.

Member Signature: _____

Date: _____

Credit Union Use Only

Completed by : _____

Verified by: _____

HD notified: _____

Update .OMA: _____