

P.O. Box 1300 Fairfax, VA 22038 703-218-9900 NextMarkCU.org

Visa Auto Pay Cancellation Request

I.	_, would like to cancel the current auto pay for my Visa with NextMark
Credit Union. (Print full name)	
I would like this cancellation to be effective on:_	(Date)
This cancellation is for Visa card #:	(full card number)
I understand that I will now be responsible for mo also understand that any late payments could b	sking my payments on time or late fees could be charged to my account e reported to my credit report.
Thank you,	
Signature <u>:</u>	Date:
Credit Union Use Only:	
Credit Union Representative:	Date Accepted:

Card Services Representative:_______Date Processed:______