



Redwood
Credit Union

VISA AUTOPAY CANCELLATION REQUEST

I request that Redwood Credit Union accepts this written request to cancel my automatic transfer payment for my:

Visa Account Number _____ - _____ - _____ - _____ - _____

I understand that this written authorization to cancel automatic payment transfer must be received 15 days prior to the payment due date in order for this cancellation to take place.

Cardholder Name

Cardholder Signature

Date

For CU Use Only		
Cancellation Date	Processed By:	Verified By: