Member Select™ Loan Pay Express: Cancellation Request

If you have previously signed up for Member Select™ Loan Pay Express (LPX) by mail, you may use this form to cancel your automatic withdrawal. The form must be received by SCCU at least five (5) business days before the next scheduled withdrawal. For questions or more information about this service, call (423) 875-6955.

1. Enter contac	t information and payment amou	nt.	
Full Name			
Daytime Phone:	:		
Email Address:			
	SCCU Account Number:		
	Loan Number (4 digits):		
	Monthly Payment Amount:		
	Total Monthly Amount Drafted:		
	Day of Monthly Draft:		
2. Provide info	rmation for the account from whic	h your payment was withdrawn.	
Bank Name & Ph	hone:		
Name on Accour	nt:		
Account Numbe	r:		
Routing Numbe	r:		
3. Authorize ca	ncellation of monthly withdrawal.	(Please read carefully.)	
monthly paymer is received by SC	nt. I understand this form must be received CCU after that date I understand that the nex	by electronic funds withdrawals from the account named above from covering my by SCCU at least five (5) business days before my next scheduled Automatic Paymet payment may still be withdrawn from the account named above. I understand the event there is a remaining balance at the time of this cancellation.	nent date. If this form
Signature of Acc	ount Owner:	Date:	
Please Print Nan	ne:		
4.5.			
	orm to complete cancellation.		
You can fax this	form to (423) 875-2188,		

or mail to: SCCU - ATTN: Lending PO Box 1058 Hixson, TN 37343

or scan and email to lendingdepartment@mysccu.com,

