



Please fill out the form below, print it, and bring it in to your local branch for processing. You can also save the form to your computer and email it to [ukbillpay@kfcu.org](mailto:ukbillpay@kfcu.org)

**Request to Change or Cancel Existing Recurring Payment**

\_\_\_\_\_   
 Keesler Federal Account Number

\_\_\_\_\_   
 Your Name

Payment To: \_\_\_\_\_

**I request the following change(s) be made to the recurring payment listed above:**

**Change Frequency**

Current: \_\_\_\_\_

Change to: \_\_\_\_\_

Effective Date: \_\_\_\_\_   
 MM DD YYYY

I have read and agree to the Sterling Bill Pay Terms and Conditions.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Change Payment Amount**

Current Payment Amount:    £ \_\_\_\_\_

New Payment Amount:    £ \_\_\_\_\_

Effective Date: \_\_\_\_\_   
 MM DD YYYY

I have read and agree to the Sterling Bill Pay Terms and Conditions.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation**

I hereby request to cancel the recurring payment listed above.

The cancellation will be effective on \_\_\_\_\_

I have read and agree to the Sterling Bill Pay Terms and Conditions.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date entered in system \_\_\_\_\_ Entered by \_\_\_\_\_ Verified by \_\_\_\_\_

Member is enrolled in eStatements

Member is enrolled in online banking