



AUTO PAY STOP REQUISITION

Date: _____

To,

Pioneer Mutual Federal Credit Union

1521 Lake Pointe Parkway,

Sugar Land TX 77478

I, Mr./Mrs./Ms. _____, an account holder / authorized member for acct # _____ would like to stop the Auto pay transfer from my _____ (Account Type) to the following accounts:

Acct # _____

Acct # _____

Acct # _____

I hereby authorize Pioneer Mutual Federal Credit Union to stop an automatic transfer from my account as detailed above regularly on monthly basis. The above auto pay stop request would be effective from _____ (date).

Thank you

Signature: _____

Name: _____

DL # _____