

BILL PAY CANCELLATION FORM

Name 1 _____ Social Security # _____

Name 2 _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Primary Checking Account Number _____

E-mail address _____

I/We authorize Central Bank to cancel my/our Bill Pay Service. The cancellation of my (our) Bill Pay Payment Service will not affect my (our) ability to access my (our) accounts online.

Once this request is processed, any bill pay transactions that you scheduled will not be sent.

Please allow 1 - 3 business days for your request to be processed.

Signature (Name 1) _____ Date _____

Signature (Name 2) _____ Date _____

Two signatures are required for jointly owned accounts.

To cancel your Bill Pay Service, please complete all requested information and print this form.
Please sign, date, and return the form to your local branch office, or you may mail the completed form to:

CENTRAL BANK
ONLINE BANKING CENTER
399 HIGHLAND AVENUE
SOMERVILLE, MA 02144-2516
TELEPHONE: (617) 629-4351 or (617) 629-4383

If you are unable to print this form, please contact the Online Banking Center, or your local branch office.

Please only use this form if you wish to cancel your Bill Pay Service.
If you wish to cancel your Online Banking Service, please complete an Online Banking Cancellation Form.



For Bank Use Only
Branch _____
By _____
Date _____