

# ONLINE SERVICES CANCELLATION REQUEST

Complete this form and return by mail, fax or drop off at any branch.

Sentinel Federal Credit Union  
PO Box 700 • Box Elder SD 57719  
Fax 605-923-3960

## YOUR INFORMATION

Member Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorize Sentinel Federal Credit Union to cancel the following Online Services:

Online Banking & e-Statements

Online Bill Pay

NOTICE: If your Online Banking and e-Statement cancellation request is received within five (5) business days prior to the end of the statement cycle, your current (monthly/quarterly) statement will be distributed to you in paper form. If it is not received within the above-mentioned time frame, your current (monthly/quarterly) statement will be distributed to you in electronic form and subsequent statements will be distributed to you in paper form.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

CREDIT UNION USE:  Online Banking & e-Statements

Online Bill Pay  Archived

Authorization Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Processed By: \_\_\_\_\_ Date: \_\_\_\_\_