

Bill Pay Cancellation Form

Customer Name: _____

Address: _____

Phone Number: _____

Email Address: _____

SS#:	DOB:	Primary Acct. Number:
------	------	-----------------------

I would like to cancel my Putnam Bank Online Banking Bill Pay service. I understand that this only prevents me from paying bills online and does not affect my online banking in any other way (e.g. Viewing accounts, eStatements, Check Images). I also understand that the information given on this form will be used only to verify my identity and this information must be filled out to the best of my knowledge.

Customer Signature: _____ Date: _____

Below is to be completed by Online Banking Representative:

Removed: <input type="checkbox"/>	Date Removed:	Removed by:
-----------------------------------	---------------	-------------

Mail form to: Putnam Bank, ATTN: Online Banking Dept., 40 Main St., Putnam CT 06260

Last Updated: 6/10/08 by VPM