



1250 East Granger Rd.  
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## TALERIS BILL PAY CANCELLATION FORM

- **All fields are required**
- **Incomplete forms received by Taleris will cause delays in processing**

Email address (print clearly) \_\_\_\_\_

TCU Checking Account # \_\_\_\_\_

Primary Member Full Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

**I understand that it is my responsibility to change the billing addresses with my billers effective immediately.**

Primary Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form to:

**TCU Bill Pay  
Taleris Credit Union, Inc.  
P.O. Box 318072  
Cleveland, Ohio 44131-8072**

**For Internal Use Only:**

Date Cancelled \_\_\_\_\_

Cancelled By \_\_\_\_\_

Proofed By \_\_\_\_\_