

This is  Autopay Cancellation Request

**SECTION 1: DELL BUSINESS CREDIT ACCOUNT INFORMATION**

Name on the Dell Business Account: \_\_\_\_\_

Dell Business Credit Account Number:

6	8	7	9	4	5	0	2												
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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SECTION 2: SIGNATURE**

You authorize Dell Financial Services L.L.C., its agents and assigns (collectively "DFS"), to cancel the autopay service for the above listed account. The autopay authorization will remain in full force and effect until DFS can act upon the request to cancel the service.

DATED: \_\_\_\_\_ CUSTOMER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINTED NAME AND TITLE: \_\_\_\_\_

**SECTION 3: RETURN INSTRUCTIONS**

Return this completed cancellation form to our AutoPay Department by fax at (512)-283-1854

*You should retain a copy of this form for your records.*

*If you have any questions, please contact Customer Service at **US\_DFS\_Customer\_Experience@dell.com** or 877-577-3355.*