

This is a  Request to cancel AutoPay

**SECTION 1: DELL PREFERRED ACCOUNT INFORMATION**

Customer Name: Mr./Mrs./Ms. (circle) \_\_\_\_\_

Dell Preferred Account Number: **6 8 7 9 4 5 0 1**

Email Address: \_\_\_\_\_ Phone:    -    -

**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: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SECTION 3: RETURN INSTRUCTIONS**

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