



NEW YORK STATE BAR ASSOCIATION

Automated Installment Plan (AIP) Cancellation Form

I hereby authorize NYSBA to cancel my Automated Installment Plan.

Member Information

Name: _____ NYSBA Membership ID #: _____

Address: _____

Address: _____

City, State, Zip _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

I understand that this cancellation will take approximately 5 days to process. This form must be signed and mailed or faxed to: **NYSBA, Member Resource Center, AIP Cancellation, One Elk Street, Albany, NY 12207**; fax - **518.463.5993**.

Cancel my AIP but continue my NYSBA Membership

Cancel my AIP *and* my NYSBA Membership

OPTIONAL: Please tell us why you are cancelling