

Signature:

Date:

www.homeownercpa.solutions

8211 West Broward Blvd. Suite #PH1 - Fifth Floor Plantation, FL 33324

Tel: 954.577.9700 Toll: 800.688.0771 Fax: 954.475.1897

Association Name:	
	- <del></del>
Home Phone:	
Email Address:	
I am requesting the tern	nination of my Electronic funds transfer on the above account
as of Month	, Year

**Account Number** 

THIS REQUEST MUST BE RECEIVED THIRTY DAYS

PRIOR TO THE TERMINATION DATE REQUESTED.

## Kimberly A. Juda kjuda@homeownercpa.solutions