

Account Number _____

Electronic Funds Transfer Termination

Association Name: _____

Name on Deed: _____

Property Address: _____

Mailing Address: _____

Name on Bank Account: _____

Home Phone: _____

Email Address: _____

I am requesting the termination of my Electronic funds transfer on the above account as of Month _____, Year _____.

**THIS REQUEST MUST BE RECEIVED THIRTY DAYS
PRIOR TO THE TERMINATION DATE REQUESTED.**

Signature: _____

Date: _____