

# Stop Form for Electronic Transfers

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## To Discontinue Electronic Fund Transfer (EFT)

Please discontinue my monthly electronic transfer from my account at:

Name of bank: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Telephone of Branch: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_



Enclosed is a new enrollment form for transfers from a different account.

Yes  No

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_