

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 _____