ELECTRONIC CHECK DEPOSIT TERMINATION

EFFECTIVE DATE _____

I wish to **TERMINATE** electronic check debits and credits to my accounts previously authorized by me as follows:

DEPOSITORY 1:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____

CHECK **ONE**: [ ] Checking Account [ ] Savings account

DEPOSITORY 2:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____

CHECK **ONE**: [ ] Checking Account [ ] Savings account

DEPOSITORY 3:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____

CHECK **ONE**: [ ] Checking Account [ ] Savings account

DEPOSITORY 4:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____

CHECK **ONE**: [ ] Checking Account [ ] Savings account

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

DATE _____