



## Cancellation of Electronic Fund Transfer (EFT)

**Customers requesting to cancel Electronic Fund Transfers (EFT) must provide at least 10 days advance notice.**

Cancel EFT Banking

Date EFT to be stopped: \_\_\_\_\_

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Bay Laurel Center CDD Account Name(s): \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street Unit City State Zip

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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### Terms and Conditions:

- I hereby request that Bay Laurel Center Community Development District ("the District") cancel my existing Electronic Fund Transfer.
- **I understand** that forms received by the District that are missing a signature will not be processed until they are properly executed.
- **I understand** that any payments due at the time of cancellation will need to be made by other arrangements.
- **I understand** that in the future, if I elect to have my payments paid by Electronic Funds Transfer, I will be required to complete a new authorization form and provide a new voided check at that time.
- **I understand** that if I do not provide adequate prior notice to the District, any charges incurred for failure to proper notice will be my responsibility.

By my signature below, I acknowledge that I have read and understand the above terms and conditions.

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Signature of Checking/Savings Account Holder(s)

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Date