



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

Rep ID \_\_\_\_\_ Alternate Branch U20

**ELECTRONIC FUNDS BANKS AND TRANSACTIONS TERMINATION FORM**

**CLIENT INFORMATION**

Name and Address	<b>On-Demand Telephone Authorization to be Terminated</b> <input type="checkbox"/> Please terminate the telephone/on-demand authorization feature on this account.
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**BANK ACCOUNT INFORMATION**

Please terminate the following bank information. Any transactions associated with the bank information will be terminated as well.

Bank Name	<input type="checkbox"/> Dividends/Interest - By terminating the ACH payment, you will begin receiving payments by check.
Account Name	Account Type
Account Number	Transit/Routing Number

**ELECTRONIC FUNDS/PAYMENTS TO BE TERMINATED**

The section below is NOT for Retirement Distributions; you must use the Retirement Distribution form.

<b>Original Transaction Information</b>			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
<b>Original Transaction Information</b>			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual

**BANK ACCOUNT INFORMATION**

Please terminate the following bank information. Any transactions associated with the bank information will be terminated as well.

Bank Name	<input type="checkbox"/> Dividends/Interest - by terminating the ACH payment, you will begin receiving payments by check.
Account Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	Transit/Routing Number

**ELECTRONIC FUNDS/PAYMENTS TO BE TERMINATED**

The section below is NOT for Retirement Distributions; you must use the Retirement Distribution form.

<b>Original Transaction Information</b>			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
<b>Original Transaction Information</b>			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual

**SIGNATURES**

An authorization may be changed or canceled by giving RBC Correspondent Services, a division of RBC Capital Markets Corporation, member NYSE/FINRA/SIPC, Operations Department 15 Days written notice in advance of the date such termination is to take effect. By signing below I (we) acknowledge that I (we) have read and agree to the policies and procedures outlined in the Authorization for Electronic Funds Deposits/Payments Disclosure and will act according to the guidelines outlined therein.

Client Authorized Signature	Date	Client Authorized Signature	Date
Print Name from Signature Above		Print Name from Signature Above	