



# CITY OF UMATILLA

## ELECTRONIC FUNDS TRANSFER (EFT) DISCONTINUATION FORM

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

Please stop the electronic funds transfer (EFT) for my utility payment at the following:

Name on Acct: \_\_\_\_\_

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

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

Date to stop EFT transfers: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE