

# Termination of Electronic Funds Transfer (EFT)



I, \_\_\_\_\_ (“Payee”) hereby authorize **Vitruvian II Woodford, LLC** (“Payor”) to **terminate** my direct deposit of my checks and have them mailed to me at the address I currently receive my statements. If an address change is necessary, then I will also provide Payor with a Change of Address (COA) in writing to the address listed below.

<b>Name on the Account:</b>	
<b>Owner Number:</b> (Lower left corner of your check detail)	
<b>SSN/Taxpayer ID:</b>	
<b>Owner Address:</b> PO Box / Street, City, State, Zip	
<b>Phone Number:</b>	
<b>Email Address:</b>	

I hereby give my thirty (30) days advance, written notice to Payor of any changes in depository financial institution or termination.

When properly executed, the COA will become effective within thirty (30) days after its receipt.

By: \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**PLEASE FAX THIS FORM OR RETURN TO:**

Vitruvian II Woodford, LLC  
4 Waterway Square Place, Suite 400  
The Woodlands, TX 77380  
**FAX: (832) 458-3101**