



Cancellation of Electronic Funds Transfer

I _____ agree to the
cancellation of my EFT Deposit of my Financial Aid into my

_____ Bank of America CashPay Card

_____ Bank of America CampusEdge

_____ Personal Bank Account _____
(name of banking institution)

on this _____ day of _____ 20_____.

Student Signature: _____

Student SSN: _____ -- _____ -- _____

EFT changed by (BAO) Signature: _____

Date: _____