

DIRECT DEPOSIT CANCELLATION FORM

I, _____, wish to discontinue my Direct Deposit with the following bank(s)

Checking Bank Name _____

Savings Account # _____

Effective Date _____

Checking Bank Name _____

Savings Account # _____

Effective Date _____

Checking Bank Name _____

Savings Account # _____

Effective Date _____

Employee Signature

Social Security Number