



Direct Deposit Cancellation Form

Employee Name: _____	Employee Social Security Number: ____/____/____
Company Name: _____	

I, _____, elect to have the following direct deposit account(s) cancelled:
PRINT NAME

Direct Deposit Account # 1

Routing Number* _____

Accounting Number* _____

Account Type* Checking Savings

Direct Deposit Account # 2

Routing Number* _____

Accounting Number* _____

Account Type* Checking Savings

IMPORTANT! Please read and sign before completing and submitting.

I hereby request my employer (hereinafter "Company") to cancel the direct deposit account(s) listed above on this form. I understand that I will receive a paper check once my account(s) have been deactivated. I also understand that my paper checks will be mailed through the U.S. Postal Service to the address on file for me, and that it is my responsibility to keep my address current with the Company. The Company is not responsible for any delays in the U.S. Postal Service.

Employee Signature

Date