



PAYROLL DEPARTMENT

DIRECT DEPOSIT CANCELLATION REQUEST

Name: _____

Contact Number: _____

Social Security Number: _____

Site/Location: _____

Name of Bank: _____

Account Number: _____

My signature acknowledges that I understand the following:

- It may take at least two payroll cycles before my Direct Deposit can be cancelled.
- I must complete a new application, if I wish to reinstate my Direct Deposit.
- Any future Direct Deposit requests will be subject to the prenotification process.

Employee Signature: _____

Date of Request: _____

OFFICE USE ONLY

Payroll Representative Signature

Date