



**\*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\***

**Direct Deposit Cancellation**

Employee Name: \_\_\_\_\_

Employee SSN: XX - XXX- \_\_\_\_\_

Client Company: \_\_\_\_\_

Name of Banking Facility: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of Banking Facility: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**\*\*\*VERY IMPORTANT\*\*\***

**This form must be complete and submitted, anytime an employee wishes to stop a Direct Deposit.**

**PLEASE NOTE: It may take one or two pay periods to stop direct deposits**

**\*\*\*Fax the Cancellation to 866-739-2725 Attention Payroll\*\*\***

**Any questions, please contact payroll directly 886-453-2722**

I authorize my Direct Deposit to be cancelled.

I also understand that it may take up to one to two pay periods for the direct deposit to be stopped.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_