

Direct Deposit Cancellation



URGENT

Employee Name:

Employee SSN:

Client Company:

Name of Banking Facility:

Account Number:

Checking:

Savings:

Name of Banking Facility:

Account Number:

Checking:

Savings:

VERY IMPORTANT

This form must be completed 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: _____