



**Direct Deposit Cancellation**

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

Employee SSN: \_\_\_\_\_

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

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

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

Indicate Type of Account: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

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

Indicate Type of Account: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

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

**Note that it may take up to two pay periods before direct deposits are discontinued.**

**\*\*\*FAX THIS CANCELLATION TO: ATTENTION PAYROLL AT 866-739-2725\*\*\***

**If you have any questions, please contact the payroll department directly at 886-453-2722**

**I authorize all of my direct deposits into the above-referenced account(s) to be cancelled. I understand that it may take up to two pay periods for this cancellation to be effective.**

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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