



## DIRECT DEPOSIT CANCELLATION FORM

Employee's name: \_\_\_\_\_

I wish to cancel Direct Deposit of my payroll check effective: \_\_\_\_\_

*Every effort is made to process direct deposit cancellations in a timely manner for our employees' convenience. Due to banking and processing schedules, it may take up to two pay period cycles for the cancellation to be in effect. If the account is open and in an overdrawn status at the employee's bank, funds may not be recoverable.*

Employee's signature \_\_\_\_\_

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