



Direct Deposit Cancellation Form

Employee Name

Employee Signature

Date Signed

Social Security Number

Effective Date*

Name of Bank

Cancel Accounts For:

Payroll

Payables

*Cancellations should be submitted fifteen (15) days in advance of the next pay date.

If this cancellation is due to a need to close the account, we recommend not closing the account until you have confirmation of the cancellation or have received a paper check.

Please initial: _____

Please complete and return to this form to:

Payroll Office located in Ferguson Hall or to
Human Resources located at 1003 East Cass Street.

For Payroll Use Only

Received by _____ Date _____

Processed by _____ Date _____