



DIRECT DEPOSIT/PAY CARD CANCELLATION FORM

DATE _____

I _____ request to cancel my Direct Deposit
(Employee name)

And/or Pay Card effective _____
(Effective date of cancellation)

**MUST BE RECEIVED IN ACCOUNTING NO LATER THAN THE FRIDAY BEFORE
EFFECTIVE PAY DATE**

Signed,

(Employee Name - Printed)

(Employee Signature)