

HATTIESBURG SCHOOL DISTRICT
DIRECT DEPOSIT CANCELLATION FORM

CANCELLATION OF DIRECT DEPOSIT

I hereby authorize and direct Hattiesburg School District to cancel my _____ Checking _____ Savings
account (select one) Direct Deposit with

DEPOSITORY (BANK) NAME: _____

BRANCH (IF APPLICABLE): _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT NO.: _____

EMPLOYEE NAME: _____ SOC. SEC. #: _____
(Please Print)

DATE: _____ SIGNATURE: _____