RAYMONDVILLE
INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT CANCELLATION

To: Raymondville ISD
Payroll Department

I respectfully request that my payroll check no longer be direct deposited as of _____.

Please route my check to:
Mailing address:_____
New direct deposit: _____
(please attach new direct deposit authorization form)

Employee Name: _____
Employee Signature _____

Date _____