AUTHORIZATION FOR DISCONTINUANCE OF DIRECT DEPOSIT

Date: _____

Employee Name: _____

Bank/Financial Institution: _____

Account Number: _____

Authorization

I hereby authorize the discontinuance of direct deposit to the bank account listed above. I understand that this request will remain in effect until processed by my employer and that I may be required to submit updated payment instructions if I wish to establish a new direct deposit account in the future.

I acknowledge that payroll payments issued after this request is processed will be via paper check until a new direct deposit account is tested and approved.

Employee Signature: _____

Date Signed: _____

For Employer Use Only

Date Received: _____ Processed By: _____

Effective Payroll Date: _____