



Direct Deposit Cancellation

Name: _____ Soc Sec #: _____ - _____ - _____

Client Company: _____

Name of Banking Facility	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Account Number	Dollar Amount \$ _____
Routing Number	Percentage _____ %

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V E R Y I M P O R T A N T
This form must be complete and submitted, anytime an employee wishes to stop a Direct Deposit.
PLEASE NOTE: IT MAY TAKE TWO OR THREE PAY PERIODS TO STOP DIRECT DEPOSITS
Please Fax this Cancellation Form to 727-682-0013 Attention Paula
Any Questions, please call Paula in Direct Deposits at 1-866-839-6113

I authorize my Direct Deposit to be cancelled.
I also understand that it may take up to two to three pay periods for Direct Deposit to be stopped.

Signature: _____ Date: _____