

Direct Deposit Cancellation and Revocation Form

Instructions: Use this form to cancel your current direct deposit agreement. Please print this form, complete all fields, sign and date it, and submit it to the Payroll or Human Resources department. Please allow up to one to two pay cycles for the cancellation to take effect.

1. Employee / Payee Information

Full Name:	<input type="text"/>
Employee ID / Reference ID:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

2. Bank Account Details (To Be Cancelled)

Please identify the bank account from which direct deposit authorization is being revoked.

Financial Institution (Bank Name):	<input type="text"/>
Routing Transit Number (9 digits):	<input type="text"/>
Account Number:	<input type="text"/>
Account Type (Checking or Savings):	<input type="text" value="Checking / Savings"/>

3. Revocation and Authorization Statement

By signing below, I hereby revoke my previous authorization for the company/organization to initiate direct deposit transactions into the account specified above. I understand that any future payments due to me will be issued via physical check or alternative approved payment methods until a new direct deposit authorization is submitted and processed.

I acknowledge that this cancellation may take up to two pay cycles to become fully effective.

4. Signature and Date

Printed Name:	<input type="text"/>
Date (MM/DD/YYYY):	<input type="text"/>

Authorized Signature:

_____ *(Please sign here after printing)*