

To cancel Direct Deposit on your payroll check, please complete this form and return it to your payroll processor via fax at 480.993.2653.

First Name: _____ Middle Initial: _____ Last Name: _____

Financial Institution: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

Checking Savings Insured Money Market

I wish to cancel Direct Deposit of my payroll check effective: _____

Print Employee Name

Social Security Number

Employee Signature

Date

Please note: All Direct Deposit Cancellations forms must be received by Monday of payroll week in order to be effective.