

**AUDITOR-CONTROLLER (ACO)
DIRECT DEPOSIT CANCELLATION REQUEST FORM**
ACO-PAYROLL FAX NO. (951) 955-3814

Must print in Black or Blue ink ONLY

EMPLOYEE 6 digit No.	LAST NAME	FIRST NAME
DEPARTMENT	MAIL STOP NO.	WORK TELEPHONE EXT. NO. ()
		HOME TELEPHONE ()

Central Payroll must be notified no later than 3:00 p.m. Wednesday day prior to the payday, in order for this request to be processed. Any form received after 3:00 p.m. will not be processed for the current pay period. If a holiday falls with the pay period, contact your department representative for deadline information.

EMPLOYEES CAN MAKE CHANGES USING EMPLOYEE SELF SERVICE (ESS), IF YOU USE ESS, THERE IS NO NEED TO SUBMIT THIS FORM.

I hereby request that my direct deposit be cancelled.

Checking Account: Bank Name	ABA Routing #	Checking Account Number

Savings Account: Bank Name	ABA Routing #	Saving Account Number

Treasury Account: Bureau of the Public Debt	ABA Routing # 051736158	Account Number
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Others:		
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Your warrant will be mailed to your mailing address .Verify that your mailing address in HRMS is correct. If the address is not correct, submit a change of address through your department representative.

Employee Signature:	Date

Department Representative	Tel. No. ()	Ext.	Date
Sign above your printed name			

ACO Payroll Use Only
Keyed by: _____ Date: _____ Pay Period Keyed: _____