



AUDITOR-CONTROLLER DIRECT DEPOSIT CANCELLATION REQUEST FORM

Must print in Black or Blue ink ONLY.

EMPLOYEE ID	LAST NAME	FIRST NAME	
DEPARTMENT	WORK TELEPHONE ()	HOME TELEPHONE ()	

Central Payroll must be notified no later than 3:00 p.m. Wednesday prior to the payday requested, 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 within the pay period, contact your department representative for deadline information.

I hereby request my direct deposit be cancelled.

Your warrant will be mailed to your mailing address.

- ◆ Verify with your department representative that your mailing address in HRMS is correct. If your address is not correct, complete a Change Address through your department representative.

SELECT ONE OPTION ONLY – CHECKING OR SAVINGS

CHECKING ACCOUNT: Complete checking account section only.

Bank Name	Checking Account Number	ABA Routing #
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SAVINGS ACCOUNT: Complete savings account section only unless same as checking account.

Bank Name	Savings Account Number	ABA Routing #
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EMPLOYEE SIGNATURE		DATE
DEPARTMENT REPRESENTATIVE (PRINT NAME & SIGN)	TELEPHONE ()	DATE

ACO_PAYROLL USE ONLY

Keyed By:	Date:	Pay Period Keyed:
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