



## **DIRECT DEPOSIT CANCELLATION FORM**

Please stop my direct deposit with (bank name) \_\_\_\_\_ and  
(bank account number) \_\_\_\_\_ as of the \_\_\_\_\_ pay  
period. I understand as a City employee I am required to have direct deposit and I must  
restart my direct deposit with another account within two weeks of this date.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: (PRINT ONLY) \_\_\_\_\_ Emp# \_\_\_\_\_

Employee Soc Sec (last four): \_\_\_\_\_ Department: \_\_\_\_\_

***After downloading this form, please complete and deliver to payroll in person.***