



## Direct Deposit Cancellation Form

To cancel Direct Deposit of your payroll check, please complete this form and return it to your payroll processor. Fax number 480-993-2653.

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: The Direct Deposit Cancellation form must be received by Monday of payroll week in order for cancellation to be effective.