

Sunflower County Consolidated School District
"United For Excellence"

PAYROLL DIRECT DEPOSIT CANCELLATION FORM

Employee Name: _____

SSN: (Last 4 digits only) XXXX _____

Employee Number: (Clock-in Number) _____

I hereby request cancellation of my direct deposit to the following institution(s).

Financial Institution (Bank Name): _____

Account #: _____

Financial Institution (Bank Name): _____

Account #: _____

Employee Signature: _____

Date: _____