



PAYROLL OFFICE

CHANGE / CANCELLATION FORM FOR MAILED BANK DEPOSIT OF PAYROLL CHECKS

I. Change – Bank or Account Number

I HEREBY REQUEST THAT MY DEPOSIT OPTION BE CHANGED AS INDICATED BELOW. I UNDERSTAND THAT IS MY RESPONSIBILITY TO CONTINUE TO MAINTAIN AN ACCOUNT PROPERLY AND THAT THIS AUTHORIZATION WILL CONTINUE FOR THE DURATION OF MY EMPLOYMENT OR UNTIL I CANCEL IT.

Signature _____ Date _____

II. Cancellation – To Stop Bank Deposit of my Paycheck

PLEASE CANCEL MY OPTION FOR MAILED BANK DEPOSIT OF MY NET PAY. I UNDERSTAND THAT IT MAY REQUIRE UP TO TWO WEEKS FROM MY RECEIPT OF THIS AUTHORIZATION TO COMPLETE PROCESSING OF THIS REQUEST.

Signature _____ Date _____

*Please Note: TO AUTHORIZE A BANK DEPOSIT, YOU MUST PROVIDE EITHER A VOIDED CHECK OR A DEPOSIT SLIP WITH ALL THE BANK ENCODED NUMBERS PRINTED ON THE BOTTOM OF THE FORM.

THE FOLLOWING INFORMATION MUST BE PROVIDED IN FULL

(Please Print)

Name _____ Pay Type: B=Bi-Weekly; S=Semi ()

Employing Department _____ Department Telephone _____

Social Security Number _ _ _ - _ _ - _ _ _

Bank to which Deposit is to be Made _____

Bank Account Number _ _ _ - _ _ - _ _ _

Type of Account (check one) Checking: _____ Savings: _____