

CANCELLATION OF DIRECT DEPOSIT

Please notify the Payroll Department **BEFORE** you close your account!

NAME (Please Print): _____
Last First MI

EMPLOYEE ID #: _____
(6 Digits, located on your check/direct deposit stub)

CAMPUS/DEPARTMENT: _____

PRIMARY ACCOUNT:

TYPE OF ACCOUNT (Check One): Checking Savings **No Changes to Primary**

NAME OF BANKING INSTITUTION: _____

ACCOUNT NUMBER: _____

SECONDARY ACCOUNT:

TYPE OF ACCOUNT (Check One): Checking Savings **No Changes to Secondary**

NAME OF BANKING INSTITUTION: _____

ACCOUNT NUMBER: _____

"I hereby authorize Galena Park Independent School District to cancel my entries/deposits to the account and banking institution provided above."

Employee's Signature

Date