

Cancellation of Optional Direct Deposit Authorization

Employee Name: _____ Social Security #: _____

Employer: _____ Company Code: _____

I would like to **CANCEL** my existing direct deposit to the following account(s):

1. checking savings Account #: _____ Routing #: _____

2. checking savings Account #: _____ Routing #: _____

3. checking savings Account #: _____ Routing #: _____

I understand that processing this may take up to three weeks after being received by ADP Resource.

Employee's Signature _____ Date _____