

Employee Direct Deposit Cancellation

General Instructions: Fill out and sign this form and return this to your Payroll Manager. See example at bottom if you need assistance with locating your bank information on your check.

Company: _____ Client # _____

Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to **revoke** any prior direct deposit agreements into the bank or other financial institution ("Financial Institution") accounts identified below. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit.

Printed Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Employee Account Information. (Last item must equal remaining balance. For more accounts, attach additional sheets).

Closed Account
 Replaced Account
 Frozen Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking
 Savings
 Cancel Amount: \$ _____ . _____
 or _____%
 or Entire Net Pay

Closed Account
 Replaced Account
 Frozen Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking
 Savings
 Cancel Amount: \$ _____ . _____
 or _____%
 or Entire Net Pay

Checking Account # (usually follows the Routing & Transit #)

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Pay To The Order Of _____ Date 2001

\$ _____

_____ DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

@012347678&
123456789/
/2001/

Check Number (is not needed to complete this form)

Routing & Transit # (9 digit number between these two symbols)

Attention Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward

Our organization does not recommend emailing this form. Fastpay Payroll Services accepts no liability for transmission of confidential data via email. Email transmission cannot be guaranteed to be secure or error-free, as information could be intercepted, corrupted, lost, destroyed, or contain viruses.

Entered by: _____ **Date:** _____