



**STOP DIRECT PAYROLL DEPOSIT FORM**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I \_\_\_\_\_ give authorization to stop my  
PLEASE PRINT YOUR NAME

direct deposit effective \_\_\_\_\_.  
DATE

My bank account information is listed below. This authority will remain in effect until I have notified INTRASTAFF of a further change in writing.

EMPLOYEE NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
NAME OF BANK: \_\_\_\_\_  
TRANSIT/ABA #: \_\_\_\_\_  
CHECKING ACCOUNT #: \_\_\_\_\_  
SAVINGS ACCOUNT #: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTRASTAFF ENTER DATE \_\_\_\_\_

REV 9/99, 10/01, 7/04