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# Haverhill Public Schools

## *Payroll*

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### **DIRECT DEPOSIT TERMINATION REQUEST**

I authorize *Haverhill Public Schools* to **stop** directly depositing funds owed to me:

**Stop Direct Deposit:**

Checking or  Savings account at:

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_

Amount: \_\_\_\_\_

*I understand that this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a reasonable time to act upon it.*

*I understand that upon my Direct Deposit Termination, I will receive a live paper check unless a proper request and documentation is provided for a new direct deposit account.*

*I have read and understood this form.*

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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For Payroll use Only:

Received: \_\_\_\_\_

Effective Pay Period: \_\_\_\_\_

Live Check

DD Replacement