



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

DIRECT DEPOSIT CANCELLATION

Eligibility to use this form is based on the criteria set forth in the employee's MOU for Electronic Fund Transfer

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Hire Date	
Home Address		City	State	Zip
Mailing Address <i>(if different from above)</i>		City	State	Zip

Note: Payroll specialist will update address as needed based upon the above information.

Cancel Deposit to Financial Institution	Cancel Deposit to Account Number
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I hereby request to cancel my Direct Deposit (Electronic Funds Transfer) in accordance with the Memoranda of Understanding (MOU). I understand that the information contained on this form will be reviewed and that if I do not meet the qualifications to cancel my Direct Deposit, I will continue to receive my paycheck via Direct Deposit. I further understand that if I meet the qualifications to cancel my Direct Deposit, I will receive a paycheck (warrant), mailed to my mailing address on payday Wednesday.

Employee Signature (Required)	Telephone ()	Date
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PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY

Hire Date	Meets MOU Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	Department Name	Department #
Payroll Specialist (Print & Sign)		Telephone ()	Date

Office Use Only

Reviewed Hire Date (Initial)	Date	Reviewed MOU (Initial)	Date	Keyed By (Initial)	Date	Reviewed By (Initial)	Date
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DISTRIBUTION: Original – EMACS-Payroll (0030)