



3222 Winona Way
North Highlands, CA. 95660

CANCEL DIRECT DEPOSIT

I, _____ (print name), do hereby authorize the Twin Rivers Unified School District to cancel my direct deposit to the financial institution listed below:

1. Social Security Number: _____
2. Name of Financial Institution: _____
3. Routing Number: _____
- 4: Account number (verify with your financial institution:

5. Effective Date: _____

IT IS VERY IMPORTANT THAT YOU CONTACT YOUR FINANCIAL INSTITUTION AND VERIFY YOUR ACCOUNT AND ROUTING INFORMATION.

Employee Signature

Date

This form must be printed out, completed and sent to the Payroll Dept at Bay B, 5115 Dudley Blvd, McClellan.