MILLARD PUBLIC SCHOOLS

# *DIRECT DEPOSIT – CANCELLATION*

I, _____ , Employee # _____request that
Millard Public Schools cancel the direct deposit of my paycheck into the referenced account(s).

## PRIMARY BANK ACCOUNT ON FILE:

**Bank Name:** _____ **Account Type:** _____
                                                                                                                                                  **C = Checking, S = Savings**

**Bank Routing Number:** _____

**Bank Account Number:** _____

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## SECONDARY BANK ACCOUNT (if applicable)

**Bank Name:** _____ **Account Type:** _____
                                                                                                                                                  **C = Checking, S = Savings**

**Bank Routing Number:** _____

**Bank Account Number:** _____ **$ Amount being deposited:** _____

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**Signed:** _____ **Date** _____