



Cancellation Notice  
of Direct Deposit of Payroll Funds

**(Please Print)**

Name: \_\_\_\_\_

Social Security No or SJFC ID No: \_\_\_\_\_

I request St John Fisher College discontinue direct deposit of the proceeds and/or a portion of the proceeds of my bi-weekly payroll as indicated below. I understand that this request must be received by the Payroll Department at least 7 days prior to a pay date to take effect.

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



Please indicate the account(s) information you wish to cancel below:

1.

( ) Checking ( ) Savings

Bank Routing No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

2.

( ) Checking ( ) Savings

Bank Routing No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_