



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: _____