



DIRECT DEPOSIT CANCELATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Phone: _____

I hereby request Bedford County to cancel the direct deposit of funds into the financial institution accounts I have previously authorized. I understand that I should not close my current accounts until I receive a paycheck or the first payment is received into a new account.

Please cancel the following account(s):

ACCOUNT 1:

Checking

Savings

Name of Financial Institution: _____

Branch: _____

City: _____

State: _____

Routing Number: _____

Account Number: _____

Amount (\$ or %) _____

ACCOUNT 2:

Checking

Savings

Name of Financial Institution: _____

Branch: _____

City: _____

State: _____

Routing Number: _____

Account Number: _____

Amount (\$ or %) _____

Employee Signature _____

Date _____