



EMPLOYEE DIRECT DEPOSIT CANCELLATION NOTICE

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ELM, Inc. to cancel the direct deposit arrangement I have in place and authorize ELM to produce future paychecks in paper form and/or switch to another account.

Employer: _____ Phone#: _____

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

This request cannot be processed if this form is not signed.

Please make this change effective with the paycheck I am scheduled to receive on _____

***This form must be received by ELM, Inc. prior to my employer submitting my hours/wages for the current pay period. If the employer has already submitted the payroll and it has been processed, direct deposit cancellation will take effect on the next paycheck.**

STOP DIRECT DEPOSIT ON THIS ACCOUNT:

Bank Name: _____

Routing # (Must be 9 digits) _____

Account #: _____

Comments:



THIS FORM WILL STOP DIRECT DEPOSIT

