

# ***Comanche Independent School District***

## **DIRECT DEPOSIT CANCELLATION**

*\*Note: All cancellations must be turned in to the payroll clerk two weeks prior to pay date.*

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

Employee SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Routing/Transit #: \_\_\_\_\_

Account#: \_\_\_\_\_

Effective Date of Cancellation: \_\_\_\_\_

Date Received by Payroll Clerk: \_\_\_\_\_

I certify that I understand and hereby cancel my electronically deposited payment(s) to the above listed banking institution. This cancellation will be processed once the payroll clerk has received a new direct deposit authorization agreement form from me. If Comanche ISD erroneously deposits funds in my account, I authorize the District to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Clerk Signature

\_\_\_\_\_  
Date