



CANCELLATION OF DIRECT DEPOSIT FORM

I hereby authorize Champaign County to immediately discontinue the direct deposit of my paycheck to the following account(s):

1. FINANCIAL INFORMATION	
Financial Institution Name	
Routing Number:	Account Number:
Type of Account: _____ Checking _____ Savings	Dollar Amount of Deposit:

2. FINANCIAL INFORMATION	
Financial Institution Name	
Routing Number:	Account Number:
Type of Account: _____ Checking _____ Savings	Dollar Amount of Deposit:

3. FINANCIAL INFORMATION	
Financial Institution Name	
Routing Number:	Account Number:
Type of Account: _____ Checking _____ Savings	Dollar Amount of Deposit:

4. FINANCIAL INFORMATION	
Financial Institution Name	
Routing Number:	Account Number:
Type of Account: _____ Checking _____ Savings	Dollar Amount of Deposit:

Printed Name

Department

Signature

Date

Office Use Only: Effective Date: _____