

## **DIRECT DEPOST CHANGE/INACTIVATION FORM**

Please complete this form to inactivate any/all current direct deposit allocations.

Because you are inactivating current direct deposit information, please be advised that you <u>must</u> provide a new Direct Deposit Authorization Agreement to replace the existing direct deposit agreement. Having an active direct deposit authorization agreement is a condition of continued employment.

I,(please prin	nt legibly)	would like my current D	irect Deposit
allocation, for specifi	c accounts identified below, to	be cancelled, effective:	(mm/dd/yyyy)
Bank/s and Account/s	s to be CANCELLED:		
☐ Checking account	Bank Name:	Account #: _	<u>-</u>
Savings account	Bank Name:	Account #: _	
☐ Third account	Bank Name:	Account #: _	
Agreement for according the Direct Deposite.  The first payroll check is form of a physical payrol real dollars are electronic	Authorization Agreement.  Sued after Community Living Alliance I check and will be mailed to you. The ally deposited. The 2 <sup>nd</sup> payroll, and the	e has received and processed y is allows your bank and accountereafter, the net amount of yo	Deposit Authorization not need to be re-entered on our new direct deposit form will be in the nt information to be verified before any ur check will be deposited as designated nowing the dollars deposited into your
new account/s.			
If you have any questions 8335, ext. 1112.	regarding direct deposit, please feel t	ree to contact Kelli Krcma in	our Payroll Department at (608) 242-
Signature		Date	

 $*** COMPLETE\ A\ NEW\ DIRECT\ DEPOSIT\ AUTHORIZATION\ AGREEMENT\ AND\ ATTACH\ TO\ THIS\ FORM ***$ 

Revised date: March 2019