



Payroll Department  
124 Grand Street  
Newburgh, NY 12550  
(845) 563 - 3440

## Cancellation of Direct Deposit

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Address: \_\_\_\_\_  
*City, State Zip*

Phone: \_\_\_\_\_

***I wish to cancel the direct deposit of my paycheck***

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

Last 4 numbers of account: \_\_\_\_\_

***Employee Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Payroll Use Only:	<u>Verification Method</u>
Employee's Initials _____	<input type="checkbox"/> Phone <input type="checkbox"/> In Person-ID <input type="checkbox"/> Change in Bank