



Employee Direct Deposit Cancellation Notice

Employee Instructions

1. Complete the employee required information section.
2. Complete the **Cancel** Direct Deposit section to specify which account(s) you wish cancelled.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the **original** to your employer.

Employer Instructions

1. Complete the employer required information section to the right.
2. Mail or fax a copy of this form to Paychex

Employee - Required Information
Please Print Employee Name _____ Social Security No. ____/____/____
Employer - Required Information
Please Print Client Name _____ Branch/Client No. ____/____ Federal ID No. _____

Complete To Cancel Direct Deposit

I would like my direct deposit authorization to the following bank account(s) cancelled:

- Checking
 Bank Name _____
 (Attach a paystub or void check showing account number.)
 The direct deposit being cancelled is for:
- Entire Net Pay
 _____ % of Net
 Specific Dollar Amount \$_____ .00

- Savings
 Bank Name _____
 (Attach a paystub showing account number.)
 The direct deposit being cancelled is for:
- Entire Net Pay
 _____ % of Net
 Specific Dollar Amount \$_____ .00

I hereby request my employer, _____ (hereinafter **Company**), to cease initiation of credit entries to my account at the financial institution (hereinafter **Bank**) indicated above. In the event that **Company** deposits funds erroneously into my account, I authorize **Company** to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Paychex, Inc. (hereinafter Paychex) terminate direct deposit of my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Paychex may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Paychex from my employer's bank. If, within 30 days of Paychex making the final authorized deposit into my account, my employer does not make available to Paychex the funds that were advanced to make the deposit into my account, I authorize Paychex to charge my account to recover said advance. I agree to hold Paychex harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Rochester, New York, in accordance with the Rules of the American Arbitration Association, and it is the express desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

Authorization for **Company** to deposit any amounts owed me by initiating credit entries to my account at my financial institution is hereby revoked. This written termination notice from me will be effective in such time and in such manner as to afford **Company, Bank,** and Paychex a reasonable opportunity to act on it.

Employee Signature _____ Date ____/____/____ **Return this original form to your employer.**

Paychex Use Only

Account No. _____ Routing/Transit No. _____