ISLE OF WIGHT COUNTY
DIRECT DEPOSIT CANCELLATION

Bank Name_____

Account#_____

Employee Name_____

I AGREE TO HAVE MY DIRECT DEPOSIT CANCELLED IN THE ACCOUNT NOTED ABOVE.

_____

EMPLOYEE'S SIGNATURE **DATE**

I WISH TO CANCEL MY DIRECT DEPOSIT CURRENTLY ACTIVE WITH THE COUNTY OF ISLE OF WIGHT

_____

FOR BUDGET & FINANCE USE ONLY

Bank Number _____ Bank Name _____

Employee Number _____ Cancel Date _____