

# Direct Deposit Cancellation

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Account #: \_\_\_\_\_  Checking

Routing #: \_\_\_\_\_  Savings

This form is used for the authorization of direct deposit for all employees of Fusion Staffing.

This notice of cancellation must be received at least 14(fourteen) days prior to cancellation and in such a manner as to afford Fusion Staffing a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by Fusion Staffing prior to receiving a written cancellation notice.

## Cancellation

I hereby cancel the authorization for Fusion Staffing to originate direct deposit payroll entries to my account, indicated above. This cancellation is to be made effective by \_\_\_\_\_ provided it has been submitted within 14(fourteen) days of this date.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: If you are changing your direct deposit from this account to another account you must initiate a new direct deposit agreement.



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AQUISITION"

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