

BOSTON UNIVERSITY
OFFICE OF THE COMPTROLLER
PAYROLL DEPARTMENT

PAYROLL DIRECT DEPOSIT CANCELLATION FORM

DIRECTIONS

- 1) Please PRINT or TYPE all requested information.
- 2) SIGN THE FORM.
- 3) RETURN DIRECTLY TO: Boston University
Payroll Office, Lower Level
881 Commonwealth Avenue
Boston, MA 02215

NOTE: Direct Deposit will end by the next payroll date. YOUR PAYCHECK WILL BE SENT DIRECTLY TO YOUR DEPARTMENTAL ADDRESS.

NAME: _____ SOCIAL SECURITY NUMBER: _____

TYPE OF EMPLOYEE: Faculty Staff Student

BANK NAME _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: Checking Savings NOW

I hereby authorize my employer, Boston University, to cancel the direct deposit of my paycheck to the above named bank.

EMPLOYEE SIGNATURE: _____ DATE: _____