

PAYROLL DIRECT DEPOSIT CANCELLATION FORM

DIRECTIONS

1. Please PRINT or TYPE all requested information.
2. SIGN THE FORM

RETURN DIRECTLY TO: Boston University
Payroll Office
25 Buick St. First Floor
Boston, MA 02215

NOTE: Direct deposit will end by the next payroll date. YOUR PAYCHECK WILL BE SENT 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: _____