

Revocation for Automatic Bank Deposit

I, _____, hereby authorize the _____
Name School
School District to stop my direct deposit to the account listed below.

This revocation is to begin with the _____ payroll.
Date

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Financial Institution Name: _____