

Yolo County
OFFICE OF
EDUCATION

CANCELLATION OF AUTOMATIC
PAYROLL DEPOSIT

TO:

DATE:

FROM:

DISTRICT:

TO BE COMPLETED BY EMPLOYEE

Please cancel my automatic payroll deposit effective:

EMPLOYEE NAME:

EMPLOYEE #:

(please print)

FINANCIAL INSTITUTION:

ACCOUNT NUMBER:

TYPE OF ACCOUNT (check one)

Checking

Savings

EMPLOYEE SIGNATURE:

DATE:

**Payroll/Personnel: Please remember to complete this form for each employee who terminates.
Forward the completed form to EBS following the employee's last payroll.**

Form # PR014

Revised 5/21

G:\BMAS Forms\Cancellation of Automatic Payroll Deposit (PR014-Dist).doc

YCOE Only:

Received _____

Entered _____

Initials _____