PUTNAM COUNTY SCHOOLS
Achieving Excellence

CANCEL OF DIRECT DEPOSIT

INSTRUCTIONS:

1. Print all information as neatly and legibly as possible.
2. Proof employee ID number for accuracy.

(Please Print)

FULL NAME: _____

EMPLOYEE ID # 97200 _____
(last four digits)

I wish to cancel my direct deposit and begin receiving a printed paycheck: _____
(check here)

SIGNATURE: _____ DATE: _____