



Central Consolidated School District

Payroll Direct Deposit Cancellation Form

I, _____, last four SS # _____, authorize
(print name)

Central Consolidated School District to inactivate my direct deposit as of
_____.
(Date)

I understand this cancellation will be in effect until CCSD receives a new
direct deposit form. _____
Initial

If check is not picked up on Pay Day by the end of day, it will be mailed out
the following business day. _____
Initial

Employee Signature

Date