

Direct Deposit Cancellation

I _____,
Employee Name

\$_____ would like to stop Direct Deposit of my Payroll Check

#_____ would like to stop my Secondary Transfer of my Savings Deposit

effective _____.
Date must be before the 20th to be effective for the current month

Employee Signature

Date

***Please update the Paycheck Distribution Form below.**

**Please indicate how you would like to receive your paycheck.
SELECT ONE:**

Please mail my paycheck

(I understand that my check will be mailed the day before payday, and that the ESD is not responsible for any delay in me receiving my pay check. I also understand that there is a 10 day wait period to report a non received paycheck and make a request for stop payment)

I work in the ESD Main Building and will pick up my pay check from my department secretary

I will pick up my paycheck *(Checks are available after 8:00 AM)*

NOTE: Checks not picked up by NOON on payday will be mailed

If you would like to authorize another person to pick up your check, please fill out the authorization below. (Be sure to include any one whom you have previously authorized, as this form will take the place of any previous written authorizations.)

I authorize _____ to pick up my paycheck/pay stub.
(Please Print Name)

I authorize _____ to pick up my paycheck/pay stub.
(Please Print Name)

Employee Signature

- *Any additions or deletions will require a new authorization form. These forms are available in the Fiscal Department.
- *Mileage reimbursement will not be approved for a trip to ESD for picking up your paycheck.
- *Any questions concerning special arrangements for your paycheck should be directed to your department secretary.