## AUTHORIZATION TO CANCEL DIRECT DEPOSIT

Name \_\_\_\_\_

I hereby authorize Danville School District #118 to cancel the deposit of my entire check to my account indicated below. (Allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed).

ACCOUNT #\_\_\_\_\_

\_\_\_\_\_CHECKING \_\_\_\_\_SAVINGS

This form will need to be returned to the payroll office.