



## CITY OF ROSWELL

### DIRECT DEPOSIT CANCELLATION

Please complete and return to payroll.

I hereby request my direct deposit be cancelled for the following account(s).

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Name (*please print*)

**Please complete and return to the Payroll Manager in Human Resources.**