

STOP DIRECT DEPOSIT FORM

Please STOP my Direct Deposit

Account Information

Employee Name: _____

Employee ID#: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

By signing this form I hereby authorize the City of Mathis to stop the electronic transmission of my paycheck into the above stated bank account. I also understand and agree that any changes to this request must be made in writing and may take up to two weeks for processing. I also agree not to hold the City of Mathis, it's employees, or agents liable for any damages including charges, penalties and/or fees incurred as a result of this changes.

Signature

Signature: _____ Date: _____