## DUVAL COUNTY PUBLIC SCHOOLS DIRECT DEPOSIT CANCELLATION REQUEST

PN	POSITION	RC#	
S/S NUMBER	(No	t Necessary If Providing PN)	
EMPLOYEE NAME _			<del></del>
EMPLOYEE ADDRES	S		<u>—</u>
BANK NAME:			
BANK ADDRESS:			
BANK ROUTING NO.		BANK TELEPHONE NO.	
BANK ACCOUNT NO	·	CHECK ONLY ONE:	Checking Savings
Please cancel my Direct Deposit as soon as possible. Pursuant to Board Policy requiring direct deposit of employees' pay, I understand that I must submit a Direct Deposit Authorization Form when a cancellation request is submitted. <b>Reminder:</b> there may be a testing period of at least one pay period before the new direct deposit takes effect. The payday following cancellation is usually a paper check, which will be mailed to your address on record with the District. Direct Deposit to your new bank account will begin the following payday and check the Employee Self-Serve website to verify. Please send completed cancellation forms to DCPS, 1701 Prudential Drive, Jacksonville, Fl. 32207 ATTN: Payroll Department. If you have further questions, call 390-2022.			
EMPLOYEE SI	IGNATURE	DATE	
FOR PAYROLL USE ONLY:			
REC'D BY PAYROLL	DATE CANCELLED	BY	

Rev: 02/2018