

Charles R. Drew University of Medicine and Science

**CHANGE/CANCELLATION DIRECT DEPOSIT AGREEMENT**

NAME \_\_\_\_\_

DEPARTMENT NAME & EXT.: \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

CHANGE

ADDITIONAL ACCOUNT

**Please change my Direct Deposit Agreement Information below:**

**Note: If changing checking, please attach a new void check.**

BANK NAME \_\_\_\_\_ CHECKING? \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SAVINGS? \_\_\_\_\_ AMTS \_\_\_\_\_

CHECKING/SAVINGS ACCT.#: \_\_\_\_\_

CANCELLATION

Please cancel my Direct Deposit Authorization Agreement

**NOTE: If you are closing your account, please submit cancellation prior to your closing of account.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT ACCOUNT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_