



STOP DIRECT DEPOSIT FORM

ARKADELPHIA PUBLIC SCHOOLS

235 NORTH 11TH

ARKADELPHIA, AR 71923

EMPLOYEE: _____

SS#: _____

DATE: _____

Please stop my direct deposit to the following bank account (s)
Effective _____:

FINANCIAL INSTITUTION _____

CHECKING ACCT # _____ ROUTING # _____

SAVINGS ACCT # _____ ROUTING # _____

EMPLOYEE SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE:

Once your direct deposit has been stopped you will receive a Live check. You must complete a new Direct Deposit Authorization form within one month of stopping original direct deposit or future checks may be held in the business office. All employees are required to have direct deposit.