

ANN ARBOR PUBLIC SCHOOLS
CANCELLATION OF DIRECT DEPOSIT
REQUEST

**Please consider this request as authorization to cancel
my direct deposit.**

Employee Name: _____

Employee ID #: _____

Social Security Number: _____

Effective Date**: _____

** Employee Payroll checks issued after the effective date of
cancellation will be mailed to the employee's home address.

Employee Signature: _____

Date of Cancellation: _____