

Request to Cancel Direct Deposit

Employee Name: _____

Employee ID: _____

Work Location: _____

Employment type (mark one):

Certificated

Classified

I authorize San Leandro Unified School District to cancel my current direct deposit with:

Bank Name: _____

Account Number: _____

Employee Signature: _____

Date: _____

Future paycheck delivery (mark one):

Mailed to home via USPS

Pick up at district office on payday from 8am to 4pm