



DIRECT DEPOSIT CANCELLATION NOTIFICATION

I _____

UIN: _____

Employing Department _____

request my banking information be removed from the Workday Payroll System.

I understand that any further payments I receive after this date will be in paper check format.

Signature

Date

***For exiting/retiring employees**, this form must be submitted to your HR representative.

***For employees no longer wanting to participate in Direct Deposit of payroll**, this document must be submitted to the Payroll Office by email. Please complete and scan to payroll@tarleton.edu

