

# ACCESSPOINT DIRECT DEPOSIT DISCONTINUANCE AUTHORIZATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize my Direct Deposit to be ended as of the date noted above.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Manager Signature

\_\_\_\_\_  
Date

