



Direct Deposit Cancellation

Date: _____

Office #: _____

Name: _____ Social Security Number: _____

I hereby request that Express cancel the direct deposit of funds into the accounts authorized previously.

I understand that changes will take one pay period and that regular (paper) checks will not be distributed until after the current pay period. I also understand that this account will be inactivated following six weeks of inactivity.

Associate Signature

Date

Express Representative Signature

Date