



CROSBY INDEPENDENT SCHOOL DISTRICT  
**DIRECT DEPOSIT CANCELLATION**

*\*Note: All cancellations must be turned in 10 days in advance of pay date*

Name of Employee (Last, First, Middle Initial)	Employee ID Number
Address (Street, P.O. Box)	Campus/Department
City                      State                      Zip Code	Effective Date of Cancellation
Bank Name	Cancelled Account Number

I certify that I have read, understood and hereby cancel my electronically deposited payment(s) to receive a live check from the District. This cancellation will remain in effect until the District has received written notification from me that it is to begin electronically depositing my payments in such time and manner for the District to act on it. If the District erroneously deposits funds in my account, I authorize the District to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office Authorization

\_\_\_\_\_  
Date