

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
DIRECT DEPOSIT CANCELLATION REQUEST

Please enter all valid information as indicated below and send to: Payroll@osceolaschools.net

PLEASE TYPE OR PRINT CLEARLY:

Employee Name: _____

Employee ID #: _____ **Employee Last Four SSN:** _____

Work Location: _____

Work Phone #: _____ **Home or Cell #:** _____

PLEASE PROVIDE ACCOUNT INFO TO BE CANCELLED

Financial Institution: _____

Account Number: _____

I hereby authorize the cancellation of my Direct Deposit as soon as possible. I understand that in the event I apply for reinstatement at any time in the future, a new application must be submitted to Payroll.

✎ Signed: _____ Date: _____

FOR PAYROLL DEPARMENT USE ONLY:

Date Received: _____ Date Processed: _____ Processed by: _____