



City of Dearborn

Direct Deposit Cancellation

Effective immediately, I wish to discontinue the direct deposit of my check.

Date

Last 4 Digits of SSN

Employee / Retiree Name (PRINT)

Employee / Retiree Signature

1) Routing Number

Account Number

Banking Institution and Phone Number

Checking / Savings (check one)

2) Routing Number

Account Number

Banking Institution and Phone Number

Checking / Savings (check one)

3) Routing Number

Account Number

Banking Institution and Phone Number

Checking / Savings (check one)

RETURN TO: City of Dearborn / Payroll Office