



## *Direct Deposit Cancellation*

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

Office #: \_\_\_\_\_

Name: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

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

I understand that changes will take one pay period and that regular (paper) cheques 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