



P.O. Box 5863
Rockford, IL 61125

CANCELLATION OF
AUTOMATIC DIRECT DEPOSIT OF PAY

I request that FurstStaffing terminate my direct deposit of net amount due from payroll to my account(s).
I allow a reasonable time for FurstStaffing to act upon my request to terminate this agreement.

Employee's name (Please Print)

Social Security Number

Employee Signature

Date Signed