



*Cold Spring Harbor Central School District*  
*75 Goose Hill Road*  
*Cold Spring Harbor, New York 11724*

**CANCELLATION OF DIRECT DEPOSIT FORM**

**TO: PAYROLL DEPARTMENT**

Please cancel my participation in the Direct Deposit Program. I wish to receive a regular paycheck in the usual manner on pay days.

I understand that it will take at least two payrolls before my request will take effect. I agree to keep my account open until I receive my paycheck from you.

**EMPLOYEE NAME**

**SOCIAL SECURITY NUMBER**  
(LAST FOUR DIGITS)

\_\_\_\_\_

\_\_\_\_\_ XXX - XX - \_\_\_\_\_

**BUILDING:**    DO         DW         GH

HS         LH         WS

**NAME OF FINANCIAL INSTITUTION**

**ACCOUNT NUMBER ENDING IN**  
(LAST FOUR DIGITS)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Request