



Direct Deposit Deactivation Form

Name: _____

SSN: _____

Date: _____

This is a written request to deactivate my direct deposit effective _____ (mm/dd/yyyy). I request Key Personnel to stop my direct deposit and I will pick up my paycheck at the Key Personnel office. I will provide new direct deposit account information within 10 business days of this request.

Signature

Date

PLEASE FAX THIS COMPLETED FORM TO (918) 699-8562