



## Lafayette Parish School System Cancellation of Direct Deposit

Please **cancel** my Direct Deposit with \_\_\_\_\_

(Bank Name)

Account Number: \_\_\_\_\_

I hereby request that the Payroll Department cancel my direct deposit as listed above.

Social Security Number \_\_\_\_\_

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_