

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PAYROLL SECTION  
DIRECT DEPOSIT DELETE FORM**

UNIT ID \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYEE POSITION NO. \_\_\_\_\_

MONTH APPLICABLE \_\_\_\_\_

REASON FOR BANK DELETE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

**\*\* THIS FORM SHOULD BE COMPLETED, SIGNED AND FORWARDED TO THE PAYROLL OFFICE PER THE DATE APPLICABLE ON YOUR CURRENT TIME SCHEDULE. IN ORDER TO MEET PAYROLL DEADLINES, THE FORM MAY BE **FAXED** TO THE PAYROLL OFFICE.**