

**Direct Deposit Cancellation Form
Maypearl Independent School District**

Name of Payee: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Type of Depositor Account: _____ **Checking** _____ **Savings**

Depositor Account Number: _____

Name, Address & Phone # of Financial Institution:

Cancel the above authorized Direct Deposit effective _____.

Print Name

Signature

Date