



Direct Deposit Cancellation/Suspension Form

If you would like to cancel or temporarily suspend your direct deposit, please fill out the form below and submit at least 48 hours before your payroll is **turned in to ProPay**. Please note this is not the same as 48 hours before your pay date. If you don't know when you're payroll is turned in, please see your supervisor.

Personal Information

Company Name: _____

Employee Name: _____ Social Security #: _____

Account #1 Information

Bank Name: _____ Account #: _____

Is this a checking or savings account? Checking Savings

Is this change permanent or temporary? Permanent Temporary

If you answered temporary on the previous question, please specify how long you would like to suspend direct deposit:

Stop Date: _____ Re-Start Date: _____

Account #2 Information

Bank Name: _____ Account #: _____

Is this a checking or savings account? Checking Savings

Is this change permanent or temporary? Permanent Temporary

If you answered temporary on the previous question, please specify how long you would like to suspend direct deposit:

Stop Date: _____ Re-Start Date: _____

I authorize ProPay, Inc. to suspend or cancel my direct deposit for the accounts specified above. If I have chosen to cancel my direct deposit service on the form above, I understand I will need to re-enroll before service is reinstated. If I have chosen to suspend my direct deposit service on the form above, I understand my direct deposit will not be active until after the re-start date specified. I further understand that this form must be received by ProPay, Inc. no less than 48 hours before payroll timesheets are received from my employer. I recognize there is a difference between ProPay receiving payroll timesheets and my pay date.

Signature: _____ Date: _____

Phone: 480.362.1456

Fax: 480.945.1510

www.professionalphayrolls.com