

Direct Deposit Cancellation

people2.0

USE THIS FORM TO CANCEL ARRANGEMENTS FOR DIRECT DEPOSIT OF PEOPLE 2.0 PAYROLL.

Temporary Associate Name: _____ SSN: ____-____-_____

Branch Location: _____

Employee Authorization

I am requesting cancellation of the direct deposit arrangement I not have in place and authorize People 2.0 to produce future paychecks

in paper form

by paycard (separate form required)

Please make this change effective with the paycheck I am scheduled to receive* on _____

Employee Signature _____ Date _____

*** Note to Affiliate:** This form must be received by noon Monday (Eastern time) to assure a change in payroll arrangements during the current week. This form will not cancel or change any direct deposit processed before it is received by People 2.0. Use a Paycheck Void/Reissue Request form for that purpose.

To protect the Associate, this request cannot be processed if this form is not signed.

**Fax form to
610-429-4117**