



ACH DIRECT DEPOSIT – CANCELLATION

COMPANY NAME _____

By completing the information requested below and returning it to ESS, your payroll will no longer be automatically deposited into the particular accounts designated by you. If you have more than one account already established, please complete information for EACH account to which you would like to discontinue your ACH deposits. Please be advised that canceling the “automatic deposit” may require approximately 48 hours from receipt of this form to be properly processed and established.

NAME: _____ SOCIAL SECURITY #: _____

CHECKING:

BANK OR CREDIT UNION: _____

ADDRESS OR BRANCH: _____ TRANSIT/ABA

NUMBER: _____

(The first nine digits on the last printed line on the bottom of the check)

CHECKING ACCOUNT NUMBER: _____

SAVINGS:

BANK OR CREDIT UNION: _____

ADDRESS OR BRANCH: _____ TRANSIT/ABA

NUMBER: _____

(The first nine digits on the last printed line on the bottom of the check)

SAVINGS ACCOUNT NUMBER: _____

I HEREBY REQUEST THAT EMPLOYER SUPPORT SERVICES, INC. DISCONTINUE THE AUTOMATIC DESPOSIT TO MY ACCOUNT(S) FOR THE FINANCIAL INSTITUTION(S) NAMED ABOVE. I UNDERSTAND THAT IT MAY TAKE 48 HOURS FOR THIS TO BE PROCESSED AND THAT FURTHER CREDIT OR DEBIT ENTRIES MAY BE NECESSARY IN COMPLETING THIS REQUEST.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE EFFECT UNLESS EMPLOYER SUPPORT SERVICES, INC. HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ACH REACTIVATION IN SUCH A MANNER AS TO AFFORD EMPLOYER SUPPORT SERVICES, INC. AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE: _____

DATE: _____