

**EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE
ACH DIRECT DEPOSIT CANCELLATION**

I hereby authorize Eastern Panhandle Instructional Cooperative (EPIC) to cancel and/or change an ACH deposit of my net payroll/set amount to the account(s) indicated below at the depositories named below.

ACCOUNT #1 (for net pay deposit only)

_____ Account No. _____
(Name of Bank)

Account Type: _____ Checking _____ Savings

ACCOUNT #2

_____ Account No. _____
(Name of Bank)

Account Type: _____ Checking _____ Savings

New Deposit Amount: _____

Cancel Deposit Amount: _____

Name: _____ Employee ID _____
(Please Print)

Signed: _____ Date: _____

NOTE: THIS FORM MUST BE RECEIVED BY THE PAYROLL DEPARTMENT TEN (10) DAYS BEFORE PAYDAY.