

LONGWOOD CENTRAL SCHOOL DISTRICT
STOP AUTHORIZATION FOR DIRECT DEPOSIT

DATE: _____

I authorize Longwood Central School District Payroll Department to stop my direct

deposit to: Bank/Branch: _____

Account #: _____

Check One: _____ **Checking** _____ **Savings**

S. S. #: _____

Effective Date: _____

Print Name: _____

SIGNATURE: _____

PLEASE RETURN SIGNED FORM TO THE PAYROLL DEPT.