



CANCELLATION OF DIRECT DEPOSIT

I, _____

Social Security # (last 4 digits) - _____, hereby authorize

Olympic Staffing Services to cancel direct deposit of my paycheck

effective _____

Account ending (last 4 digits)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please have my checks: Mailed to above address

Hold in Office

Dated _____

EMPLOYEE SIGNATURE _____