



UNC GREENSBORO

# UNC Greensboro DIRECT DEPOSIT CANCELLATION REQUEST FORM

**IMMEDIATELY notify the Payroll Dept if your bank account is closed for any reason**

Univ ID # (preferred) or SSN

Employee Name (First, MI, Last) (type or print)

email Address

### COMPLETE THIS SECTION TO CANCEL YOUR DIRECT DEPOSIT

I wish to cancel my direct deposit to the following bank/financial institution:

Bank/Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Return this completed form to:

UNCG Payroll Dept  
840 Neal St Suite 220  
PO Box 26170  
Greensboro, NC 27402-6170  
OR Fax: 336-334-3131 (Attn: Payroll)

**DO NOT EMAIL THIS FORM**

*This completed form must be received in the Payroll Office no less than 15 days prior to your next pay date for the direct deposit cancellation to be effective the next pay.*

**DIRECT DEPOSIT IS REQUIRED FOR ALL EMPLOYEES' PAYROLL and  
FOR ACCOUNTS PAYABLE REIMBURSEMENT ACTIVITY**

*I understand that I must establish a new bank account for my direct deposit in order to remain employed. See ([Payroll Policy 1](#)).*

*This authorization is unrelated to student refunds and net financial aid disbursements*

Employee Signature

Date

Phone Number

Email [payroll1@uncg.edu](mailto:payroll1@uncg.edu) for assistance

#### PAYROLL DEPARTMENT USE ONLY

Date Received :

Date Entered:

Entered By: