



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
821 S. Josephine Boyd St
PO Box 26170
Greensboro, NC 27402-6170
OR Fax: 336-334-3131 (Attn Payroll Dept)

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 for assistance

PAYROLL DEPARTMENT USE ONLY

Date Received :

Date Entered:

Entered By: