

Authorization to STOP Direct Deposit

If you currently have the direct deposit and would like to discontinue receiving your paycheck via direct deposit, enter the effective date, sign and return the form to Monroe County BOC.

Effective date _____, I authorize Monroe County BOC to STOP my direct deposit of all paychecks to:

Name of Bank: _____

Bank Account #: _____

Print Full Name: _____

Address: _____

City, State, Zip: _____



If you wish to restart the direct deposit option into a new bank account at your existing bank or a new bank account at a new bank, please complete the Direct Deposit Authorization form and submit with the new information.

Employee Signature: _____

Date: _____