



Notification to Stop Direct Deposit

I, _____, request that the University of Maine System terminate my direct deposit. I understand that this notification shall be effective with respect to all payroll entries after receipt of such notification and with reasonable opportunity to act on it.

Name:

Bank Name & Address:

Address:

Signature:

Today's Date:

For Student Payroll Use Only

Date entered on PeopleSoft: ___/___/___

Effective on Payroll Number: _____