



P. O. Box 130
Swainsboro, GA 30401

478-237-6674
478-419-1102 FAX

TERMINATION OF DIRECT DEPOSIT

I hereby **REVOKE** my previous authorization to allow Emanuel County Board of Education to deposit my check to my ___ Checking account or ___ Savings account
at:

_____	_____	_____
Financial Institution Name	City	State
_____	_____	
Routing Number	Account Number	

The Emanuel County Board of Education is **NOT** liable for funds transmitted, or fees incurred, to a previously authorized, now closed, account due to timeliness submission of this form. Please note payroll cut-off dates.

_____	_____
Employee Printed Name	Social Security Number
_____	_____
Employee Signature	Date

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