

Adair County Direct Deposit Stop Form

Name(Print) _____

Phone _____

I wish to stop my direct deposit to the following account(s) effective as of _____ Date

Primary Deposit

Bank Name _____

Account No. _____ Savings Checking

Secondary Deposit

Bank Name _____

Account No. _____ Savings Checking

Third Deposit

Bank Name _____

Account No. _____ Savings Checking

I am paid: Biweekly

Signature _____ Date _____

IF YOU HAVE ANY QUESTIONS CALL SHERRY TREASURE @ 665-3350