



Administrative Form PAY-F002
AUTHORIZATION TO STOP DIRECT DEPOSIT
 425 E. Ninth Street, Reno, NV 89512
 Phone: (775) 348-0341

Responsible: Office of Business and Financial Services, Payroll Department
Procedure: Submit completed form to the Payroll Department by the last day of a pay period for changes to take effect for that pay date.

Employee Information

Name: _____ Employee ID #: _____
 School/Dept: _____ Last 4 of SSN: _____
 District E-mail: _____ Phone Number: _____
 Mailing Address: _____

To stop DIRECT DEPOSIT, complete the following:

Name of Bank or Credit Union:

 Account Number:

I understand that my signature on this form represents my authorization to stop this direct deposit through the Washoe County School District's Payroll Office effective the next available pay period.

 Employee Signature Date

PAYROLL DEPARTMENT USE ONLY

Date Request Received: _____ Processed By: _____