

Cancellation of Direct Deposit

Individual/Consumer Name: _____

Employee Name: _____

Remove from Direct Deposit: Yes

Account Type: Checking Savings

Name of Bank: _____

Employee Signature: _____

Date: _____

Office Use Only

Effective Date: _____

Return to Lifelong Advocacy via fax or mail
43970 Gratiot Ave., Clinton Township, MI 48036

Fax: (586) 846-2460