

**EDINBURG CISD  
CANCELLATION OF AUTHORIZATION AGREEMENT  
FOR DIRECT DEPOSIT**

EMPLOYEE NAME \_\_\_\_\_  
PRINT  
STAFF ID \_\_\_\_\_  
NAME OF BANK \_\_\_\_\_  
BANK TO BE CANCELLED  
ACCOUNT # \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_

---

---

I hereby cancel my authorization agreement for direct deposit which was made for the purpose of direct deposit of payroll checks only. I understand this cancellation must be received in the Payroll Office of the Edinburg Consolidated Independent School District by the first of the month in which it will be effective.

I also understand that should this form not be filed with the Payroll Office by the first of the month, my payroll check will be forwarded to my financial institution according to the authorization agreement currently in effect, and my cancellation will not be effective until the following month.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_