

# Request to Cancel Direct Deposit

**Purpose of Form:** To cancel a Direct Deposit request for a non-employee.

**Instructions:** Complete form and submit to one of the addresses listed at the bottom of the form.

## Individual/Vendor Information

Vendor      Person

First or Vendor Name:

Last Name:

W# or last 4 digits of EIN/SSN:

Phone #:

## Authorization

By submitting this form I am authorizing my direct deposit to be canceled beginning with the next available pay date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If vendor, print name:

Position Title:

**Questions?** Call 360.650.6815

**Send this completed and signed form to:**

**University Mail System:**  
MS-1420

**US Postal Mail:**  
WWU  
Accounts Payable  
PO Box 29420  
Bellingham, WA 98225-1420