

BRISTOL COMMUNITY COLLEGE

DISCONTINUATION OF AUTHORIZATION FOR PAYROLL
DIRECT DEPOSIT

Employee Status: (Please check one)

Full Time _____ Part Time _____

Name (please print) _____

Social Security No. _____

Home Phone: (_____) _____

Please discontinue payroll direct deposit to my account at:

Bank Name _____

Transit No. _____

Account No. _____

Employee Signature: _____ Date: _____