

**DOUGHERTY COUNTY SCHOOL SYSTEM  
STOP DIRECT DEPOSIT FORM**

Date:

Please stop my direct deposit to the following bank account  
effective \_\_\_\_\_ :

1. \_\_\_\_\_ Employee #  
Name

2. \_\_\_\_\_ Checking Savings  
Name of Financial Institution

\_\_\_\_\_  
Employee's Signature

Social Security Number

Pay Frequency: Bi-weekly  
Monthly

Work Phone Number

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**DIRECTIONS**

1. Complete this form with the necessary information and return it to HRS-Payroll  
Direct deposit will be stopped on the effective date requested or the next  
payroll.
  
2. If you are changing banks or accounts - the deposit will stop on the next payroll  
being processed.

Please contact the Payroll Department at (229) 431-1256 if you have questions  
concerning any of the above procedures.