

Date Received _____

DIRECT DEPOSIT CANCELLATIONS

(ONE FORM PER PERSON)

Name _____ Enrollment # _____ Birth Date _____
(Please Print)

Phone Number _____ Name of Bank _____

I (we) hereby authorize *Muckleshoot Finance Department* hereinafter called COMPANY, to initiate the CANCELLATION of my DIRECT DEPOSIT into my bank account.

Signature _____
For adult/senior cancellations

To cancel Direct Deposit for a Minor age 0-12, a signature of a Parent/Guardian is required to authorize any cancellations of the Direct Deposit into the minor's own account or the Parent/Guardian account.

Parent/Guardian _____ Signature _____
(Please Print)

To cancel Direct Deposit for a Teen age 13-17, the minor must also sign this form in front of a Notary Public.

Date _____ Signature _____

Notary Signature _____

Date _____

