NOTIFICATION OF CANCELLATION
STUDENT EMPLOYEE DIRECT DEPOSIT

Name: ___________________________________________ Date: __________

Email: ___________________________________________

Your direct deposit will be cancelled within two business days of the submission of this request.

Please read the following important information before signing:

Based on the date on which this cancellation is received, payroll may have been generated, and your check may have already been sent to your bank for deposit. It is your responsibility to check your bank statement(s) to confirm whether or not a check has been deposited on payday. If the check has been deposited into a closed account, contact the Payroll office immediately at (843) 953-5797.

To reactivate your direct deposit, you will need to complete a new Direct Deposit Agreement found on the Career Center’s website.

By signing below, you are confirming that you have read and understand the conditions of canceling your direct deposit agreement with the College of Charleston.

_________________________________________  __________________
Student Signature                        Date

For Career Center Use Only:

Date Rec’d: ___________    CSV Canx Date: ___________    HRS End Date: ___________