



Troup County Board of Commissioners
Request To Stop Automatic Paycheck Deposits

Date: _____

Employee: _____
(Please Print)

I wish to stop direct deposit of my payroll check being made to the following account:

Account #: _____

Financial Institution: _____

I am requesting that the direct deposit of my payroll check be stopped effective: _____

Employee Signature: _____

Date request received in Payroll: _____