



Direct Deposit Cancellation Form

Please cancel my direct deposit account as listed below:

Employee ID: _____

ABA/Routing Number _____

Account Number _____

Financial Institution _____

Full or Partial Deposit _____

Employee Name Printed _____

Employee Named Signed _____

Social Security Number _____

Effective Date _____

**Please note, if more than one account is to be closed, a separate cancellation form must be submitted for each account.*

Please send this form to Payroll via email, fax, or interoffice:

Email: payroll_department@fbctx.gov

Fax #: 281-341-4567

If you have any questions regarding this form, please contact payroll_department@fbctx.gov