

\*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\* \*\*\*URGENT\*\*\*



**ASI- DIRECT DEPOSIT CANCELLATION**

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Check one of the following:       Checking       Savings

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

**VERY IMPORTANT**

**This form must be complete and submitted, anytime an employee wishes to stop a Direct Deposit.**

**PLEASE NOTE: IT MAY TAKE TWO OR THREE PAY PERIODS TO STOP DIRECT DEPOSITS**

**Please fax, mail, email or drop off at our office.**

**Fax#: 409-835-5554    Company: Advanced Staffing, Inc.  
Address: 2358 Eastex Freeway Beaumont, TX 77703  
Email Address: ASItimecards@advancedstaffinginc.com**

I authorize my Direct Deposit to be cancelled.  
I also understand that it may take up to two to three pay periods for Direct Deposit to be stopped.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:	DATE:
CANCELLATION OF DIRECT DEPOSIT	