

DIRECT DEPOSIT CANCELLATION FORM

I am cancelling my Direct Deposit with the University of Louisiana at Lafayette. I understand that my Checking Account and/or Savings Account information shown below will be inactivated:

_____ Refunds To My Student Account and/or _____ Student Payroll

_____ Bank Name

_____ Account Number

_____ SIGNATURE

_____ PRINT NAME

_____ ULID

_____ DATE

_____ PHONE NUMBER