



TERMINATION FOR DIRECT DEPOSIT

I authorize Staffers, Inc. to discontinue entries to:

_____ Checking Account _____ Savings account

INDICATE BELOW ACCOUNT AND DEPOSITORY INSTITUTION:

DEPOSITORY _____

ACCOUNT _____

The deadline for applying/canceling a direct deposit for that same week is Monday at 10:00 a.m.

NAME _____ SS NUMBER _____

SIGNATURE _____ DATE _____