

# Northwestern State University

## AUTHORIZATION TO CANCEL ELECTRONIC DIRECT DEPOSIT

Employee Name (Please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Type of account (please check one):

Savings Account

Checking Account

Bank Account Number: \_\_\_\_\_

(please check one):

*(Please indicate where you would like your check to be sent)*

Mail check to:

Send to NSU Department

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(P. O. Box, Street Number:)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
(Please List Department)

Employee's signature: \_\_\_\_\_

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