



TERMINATION OF DIRECT DEPOSIT

Employer Name

I hereby authorize NIAGARA COUNTY
to terminate the deposit of my Net Wages in the account in my name, at the
Bank indicated below.:

Indicate type of account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Bank	Account Number _ _ _ _ _
Branch	City/State/Zip
Employee Name (Please Print)	Social Security Number
Employee Signature	Date Employee #
Termination Date (use payroll date) _____	

This Termination Form must be received in the Niagara County Payroll Dept., Niagara County Treasurers' Office, 59 Park Avenue, Lockport, NY 14094, at least two weeks prior to the next available payroll.

For Office Use Only:

Termination Date: _____

Computer Data Input By: _____
Date: _____