

*Westmoreland
County*

Payroll Direct Deposit Termination Form

Controller's Office
2 N. Main St., Suite 111
Greensburg, PA 15601

Phone: 724-830-3133

This form must be hand delivered or sent to Payroll through inter-office mail.

Employee Name: _____

Last 4 digits of SSN: _____ Phone: _____ Dept.: _____

Last 4 digits of your Social Security number is required before changes will be made to your Direct Deposit.

Financial Institution:

Name: _____

City: _____ State: _____ Zip: _____

Checking Account

OR

Savings Account

Routing No. _____ Account No. _____

I authorize Westmoreland County to discontinue the deposit of my net check to the account named above.

Do not close your account without giving the Payroll office two weeks prior notice.

Original signature is required.

Employee Signature _____ Date _____

See the sample check below to help locate your 9 digit routing number and your bank account number:

U.S. Checks

PAY TO	DATE	1001
THE ORDER OF	\$	
YOUR FINANCIAL INSTITUTION		DOLLARS
BANK ADDRESS		
BANK CITY, STATE, ZIP		
BANK PHONE		
FOR		
⑆123456789⑆	0123456789012	1001

Bank Routing Number Bank Account Number