

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