



## 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<br>_ _ _ _ _      |
| Branch   | City/State/Zip                   |
| Employee Name (Please Print)   | Social Security Number           |
| Employee Signature   | Date                  Employee # |
| Termination Date (use payroll date)<br>_____   |                                  |

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: \_\_\_\_\_