

**DIRECT DEPOSIT CANCELLATION FORM**

\*Please complete ALL information requested. Failure to provide ALL information may VOID this request.

I have requested **Nurse Aid, LLC/Angel Hands Home Care** to stop my direct deposit on:

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

\_\_\_\_ I have chosen to discontinue my direct deposit, and instead, receive a paper check from Angel Hands Home Care. I fully understand that there will be a \$2.00/\$3.00 accounting fee per paycheck deducted from my check.

This agreement will remain in effect until Nurse Aid, LLC/Angel Hands Home Care receives a new direct deposit agreement form from me.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date