



UNITED CEREBRAL PALSY
Payroll Direct Deposit Change/Stop Form

Employee Name _____ SSN _____

Work Phone _____ Home Phone _____

I hereby request United Cerebral palsy to stop direct deposit to my account.

Bank Name: _____

Account Number: _____

I understand that the changes to account information must be received by the Human Resources Office five (5) working days prior to my regularly scheduled payday to be effective for that payday. I also understand that my check will now be mailed to my home address unless otherwise specified by me. It has been explained to me and I understand that by choosing for my check to be mailed to me, UCP cannot guarantee when the check will arrive. A lost, misplaced, or a check not received CANNOT be replaced for ten (10) business days. Choosing to receive my check by mail, I understand that UCP does not have any control over the postal service and I realize that holidays/no mail delivery may prolong the delivery of my paycheck.

- Checking Savings Mail check to my home address

Employee Signature

Date