|  |  |  |  |
| --- | --- | --- | --- |
| **Request to Stop Direct Deposit** | | | |
| I, |  | hereby request the State of | |
| Alabama to STOP my direct deposit effective this date. | | | |
|  | | | |
| Print Name as on payroll records | | | |
| -    - | | | |
| Social Security Number | | | |
|  | |  |  |
| Signature | |  | Date |