



DIRECT DEPOSIT DISCONTINUATION

**AUTHORIZATION AGREEMENTS FOR
DISCONTINUATION OF AUTOMATIC
DEPOSITS (ACH CREDITS)**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its reinstatement in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME _____
(PLEASE PRINT)

DATE _____ SIGNED X _____

I hereby authorize AXIOM STAFFING GROUP, hereinafter called COMPANY, to discontinue credit entries upon request to my (select one) account indicated

- Checking
- Savings

and the Bank named below, hereinafter called BANK, to terminate all credits and/or debits the same to such account.

BANK NAME _____

CITY _____ STATE _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____