

AUTHORIZATION TO CANCEL DIRECT DEPOSIT

I (we) authorize Evins Personnel Consultants, Inc. to CANCEL my (our) DIRECT DEPOSIT as noted below, effective _____.

- Cancel Checking account Direct Deposit *only*
- Cancel Savings account Direct Deposit *only*
- Cancel **ALL** Direct Deposit

| | | | | |
|-----------|------|-------|----------|-----------|
| NAME(S) | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE |
| SIGNATURE | | | | DATE |