



ACCREDITED HOME CARE
ACCREDITED RESPITE SERVICES
ACCREDITED FMS INC.

CANCELLATION OF DIRECT PAYMENTS (ACH Credit)

Please consider this as my authorization to cancel all credit entries to my Account(s) number

_____ via direct deposit. I understand that it will be effective with
(Account Number Required)

the next paycheck providing I have submitted this form in time to effect this change. I also understand that I will need to complete a new authorization agreement to reinstate direct deposit.

Note: The completed cancellation form must be received by payroll department no later than 5:00 pm on Wednesday in order to *STOP* direct deposit for that week.

Send Direct Deposit Cancellation form:

Via Mail: Attn: Payroll Department
 Accredited Home Care
 5955 De Soto Ave, Suite 160
 Woodland Hills, CA 91367

Via Fax: 818.907.7839

(Print your name)

(Employee Number)

(Signature)

(Date)

For company use only: Date Received: _____ Date Service Cancelled: _____
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