State of Ohio
Dept. of Administrative Services

REQUEST FOR CANCELLATION OF DIRECT DEPOSIT OF PAY

Employee Name _____ Social Security Number _____
Last First Middle Initial

I REQUEST THE STATE CANCEL DIRECT DEPOSIT OF MY PAYROLL CHECK
TO THE FINANCIAL INSTITUTION AND ACCOUNT LISTED BELOW

FINANCIAL INSTITUTION

1 ☐ SAVINGS ACCOUNT
OR
2 ☐ CHECKING ACCOUNT

ACCOUNT NUMBER

City State Transit Routing No.

Employee Signature Date

Agency _____ Payroll Number

ADM 4286 (Rev. 4/2000)