

## DIRECT DEPOSIT CANCELLATION FORM

I am canceling my Direct Deposit with the University of Louisiana at Lafayette. I understand that my Checking Account or Savings Account information shown below will be inactivated:

\_\_\_\_\_ Refunds To My Student Account

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ULID

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER