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DIRECT DEPOSIT CANCELLATION FORM

I wish to cancel Electronic Direct Deposit of my payroll check from Southern Medical Corporation effective ____ / ____ / _____. I understand that I will receive a regular paper paycheck, which may not be ready until after 2:00 p.m. on payday. If I choose to reinstate Direct Deposit, I may do so (30) days prior to the payroll ending date.

Print Name

Signature

Date