**City of Madison**

**Direct Deposit Termination**

Employee Name (Print) Employee ID #

I authorize City of Madison to terminate my direct deposit account beginning with the next payroll to be processed.

I understand that by signing this form, all future pay checks may be MAILED via U.S. Postal Service to the address on file with Central Payroll and that the City of Madison is not responsible for USPS delays. To ensure timely delivery, I confirm my address is up-to-date with my agency and/or through the employee self-service portal @ ess.cityofmadison.com.

Employee Signature Date