



3101 Ernest St, Ste 4
Lake Charles, LA 70601
Office: (337) 494-1295 – Fax: (337) 494-1296

DATE

XXX-XX-_____
SOCIAL SECURITY # (LAST 4 DIGITS)

As per employee request by _____, please cancel the Direct Deposit of my payroll check from Complete Staffing.

Effective on date of: _____.

SIGNATURE DATE