



1154 Texas Avenue
Bridge City, Texas 77611
Office: (409) 735-2600 – Fax: (409) 735-2602

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