

Birth To Three Direct Deposit Cancellation

West Virginia State Auditor's Office/ ePayments Division - 1900 Kanawha Blvd E - Bldg 1, Rm W-121 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

*Provider Name:	<input type="text"/>											
*FEIN/SSN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	*REQUIRED
*Address 1:	<input type="text"/>											
Address 2:	<input type="text"/>											
*City:	<input type="text"/>				*State:	<input type="text"/>	*Zip Code:	<input type="text"/>				

ACCOUNT INFORMATION (REQUIRED)

*Financial Institution Name:	<input type="text"/>															
*Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Saving												

I (Company) hereby cancel my (our) direct deposit agreement.

*Authorized Signature	_____	*Date	<input type="text"/>
*Print Name	<input type="text"/>	*Title	<input type="text"/>

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405 (c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.