



**STOP DIRECT DEPOSIT
AND / OR ADDITIONAL DEPOSIT FORM**

EMPLOYEE INFORMATION:

Name: _____

Social Security # or Questar III Employee ID #: _____

I herein request that the following direct deposit(s) be stopped for:

☐ Direct Deposit (will also stop additional direct deposit if you have it)

Bank Name: _____ Account #: _____

☐ Additional direct deposit dollar amount only (*list only those accounts you wish to stop*)

Bank Name: _____ Account #: _____

Bank Name: _____ Account #: _____

Bank Name: _____ Account #: _____

Authorized Signature

Date

Return form to:

**Questar III
Payroll Office
10 Empire State Blvd
Castleton, NY 12033**

If you have any questions, please do not hesitate to call the Payroll Office at (518) 477-8771.

FOR PAYROLL DEPT. USE ONLY

Stopped Payroll # _____ Date: _____

Processed by: _____