



DIRECT DEPOSIT CANCELLATION (EMPLOYEE) FORM

S/S: _____

I, _____, AUTHORIZE ARNOLD
TRANSPORTATION SERVICES TO CANCEL MY DIRECT DEPOSIT
CURRENTLY GOING INTO MY ACCOUNT EFFECTIVE
W/E _____ / CHECK DATE _____.

ACCT #: _____ (MANDATORY)

ROUTING #: _____

SIGNATURE: _____

DATE: _____

PLEASE FORWARD TO THE PAYROLL DEPARTMENT

ARNOLD TRANSPORTATION SERVICES
451 FREIGHT STREET
CAMP HILL PA 17011
ATTN: PAYROLL