



**ADDENDUM DIRECT DEPOSIT OF SALARY ENROLLMENT FORM**

**AUTHORIZATION FOR CANCELLATION BY EMPLOYEE'S  
COLLEGE FOR DIRECT DEPOSIT**

In addition to the cancellation terms specified on the back of the "Direct Deposit of Salary Enrollment Form", the agreement represented by this authorization may be cancelled by the employing college by providing the employee with a written notice 10 working days in advance of the cancellation date.

A cancellation does not take effect until the State Comptroller's office is notified.

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**Name (Print)**

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**Date**

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**Name (Signature)**

*This form must be signed and attached to the Direct Deposit of Salary Enrollment Form.*