

COLONIAL INTERMEDIATE UNIT 20
AUTHORIZATION TO DISCONTINUE DIRECT DEPOSIT

I hereby authorize the Colonial Intermediate Unit 20 to discontinue my direct deposit. I understand this termination will not take effect until such time and in such manner as to afford the Colonial Intermediate Unit 20 and the Bank a reasonable opportunity to act on it and in no event shall this notice be effective with respect to entries processed by the Colonial Intermediate Unit 20 or the Bank prior to its receipt.

PRINT NAME	SOCIAL SECURITY NUMBER
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SIGNATURE _____ DATE _____