



## Direct Pay Removal Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Please remove my SESD account from the Direct Pay Plan. The Last month for a withdraw to take place is/was \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date rcvd: \_\_\_\_\_