## CITY OF BEVERLY



## Cancellation of Authorization Agreement for Preauthorized Deposits

| Company<br>Name | City of Beverly                 |                              | Company<br>ID Number: <b>04-6001379</b> |
|-----------------|---------------------------------|------------------------------|---|
| I request the   | City of Beverly, to <u>term</u> | <u>inate</u> The Direct Depo | sit of my funds.                        |
|                 |                                 |                              |   |
|                 |                                 |                              | Employee                                |
| Name Please P   | rint                            |                              | Number(Optional)                        |
| Date            |                                 | Signature                    | · · · · · · · · · · · · · · · · · · ·   |