

**KNOX COUNTY SCHOOLS**  
**CANCELLATION NOTIFICATION FOR AUTOMATIC DEPOSIT**

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

1. Bank Name: \_\_\_\_\_

2. Bank Routing Number: \_\_\_\_\_ 3. Account Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ 5. Soc. Sec. # or Emp. #: \_\_\_\_\_

6. Date: \_\_\_\_\_ 7. Signed: \_\_\_\_\_

Original – Compensation Dept

BO-136 (4/10)