

# Direct Deposit Discontinuation Authorization

## 1. NEW DIRECTION TRUST COMPANY ACCOUNT HOLDER INFORMATION

New Direction Account Holder Name:	New Direction Account Number:
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## 2. YOUR INFORMATION

Your Name:	New Direction Account Number:	Date:
Depository Name:	Branch:	
City:	State:	Account Number:
Discontinue Date:		

## 3. SIGNATURE AND AGREEMENT

I hereby authorize New Direction Trust Company to discontinue ACH credits to the bank above starting the discontinue date above.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_