



Vendor & Direct Deposit Discontinuation Form

Please use this form to request discontinuation of direct deposit payments or discontinuation of a vendor with the State of Wyoming. Check the appropriate box below. Sign and date the form and send it to any agency from which you have received payment.

VENDOR IDENTIFICATION (Required):

Social Security Number

- -

or

Employer Identification Number

-

DISCONTINUE DIRECT DEPOSIT AUTHORIZATION – I understand by choosing this option, I will receive my payments via check in the mail, at the address on record.

DISCONTINUE VENDOR – I understand by choosing this option, I will no longer be registered to receive payments with this SSN/EIN from the State of Wyoming.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

BUSINESS NAME (If applicable): _____