

**CANCELLATION OF DIRECT DEPOSITS**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER                      STREET NAME                      CITY                      STATE                      ZIP CODE

I hereby authorize the Employees Retirement System of the City of St. Louis  
to cancel my direct deposit effective \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

PLEASE RETURN FORM TO:

**Employees Retirement System of the City of St. Louis  
1114 Market Street, Room 900  
St. Louis, MO 63101**