

Payroll Processing Authorization Revocation

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company]

[Company Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Position]

[Recipient Company]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally revoke my authorization for payroll processing that was previously granted on [Insert Date of Original Authorization]. Effective immediately, I request that you cease all payroll processing on my behalf.

Please ensure that no further transactions are processed in relation to my account. I would appreciate a confirmation of this revocation at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]