REQUEST FOR CHECK/DIRECT DEPOSIT REVERSAL FORM

To:     Payroll Department (main office)     Date:________________________

From:_____________________________________________________________________

Subject: Request for (Circle One): Check Reversal*

Direct Deposit Reversal*

Section I: Reason for Request

________________________________________________________________________

Section II: Check or Direct Deposit Information

Payee:______________________________________________________________

Employee Number:____________________________________________________

Mail Code:___________________________________________________________

Check/ Direct Deposit Date:____________________________________________

Check Number:________________________________________________________

TOTAL DEPOSIT:_______________________________________________________

Section III: Credit Information for Reversals

ACCOUNT DISTRIBUTION          AMOUNT OF CREDIT

________________________________________________________________________

________________________________________________________________________

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* PLEASE NOTE: It is important that checks to be reversed be returned promptly to the Payroll Office because of possible income tax and employee deductions implications. The Payroll Office must receive direct deposit reversal requests by 12:00 Noon the day BEFORE the pay date. We can not guarantee that deposited funds will be returned.

Signature:_____________________________ Date:__________________________

FOR PAYROLL USE ONLY: Processed by: _________________________________

Date Request Received:_______________ Date Reversal Completed:______________