## BOSTON UNIVERSITY STUDENT PAYROLL OFFICE

## CHECK/DIRECT DEPOSIT REVERSAL FORM

To: From:	Student Payrol	I	Date:	_/_/_
Subject:	(Circle One):		Check Reversal* Direct Deposit Reversal*	
Section I:	Reason for Req	uest:		
<b>Please Note:</b> All reversal requests for <u>SE level</u> payments <u>must</u> be submitted to the Student Payroll Office.				
Section II: Check or Direct Deposit Information				
Payee:				
Employee Number:				
Mail Code:				
Check/ Direct Deposit Date:				
Check Number:				
Gross Amount:				
Section III: Credit Information for Reversals				
Unit	ACCOUNT DIS  Department		Source	AMOUNT OF CREDIT
Payroll Offi	ce because of po	ossible income	tax and empl	d promptly to the Student loyee deductions
implications. The Student Payroll Office must receive <b>direct deposit reversal requests</b> by 11:00 A.M. the day <b>BEFORE</b> the pay date. We cannot guarantee that deposited funds will be returned.				
Signature:			D	Oate://
FOR PAYROLL USE ONLY: Processed by:				