REVERSAL or RETURN of DIRECT DEPOSIT REQUEST

(Revised 2008)

EMPLOYEE NAME _____ EMPL ID _____

Agency Name & Number _____PPE _____Payday _____

REASON FOR REQUEST: _____

_____ **PREVENT DIRECT DEPOSIT** _____ **REVERSE DIRECT DEPOSIT** _____ **RETURNED by BANK**

EFT RECORD HAS BEEN ___ **CORRECTED** ___ **CANCELLED**

ACCOUNT INFORMATION (*at time of Deposit*): _____ **CHECKING** _____ **SAVINGS**

TRANSIT ROUTING NUMER _____ **ACCOUNT NUMBER** _____

WARRANT NUMBER _____ **AMOUNT DEPOSITED/RETURNED** _____

Was there an Attachment? _____ YES _____ NO _____ AMOUNT

OVERPAID (NO PAY DUE) _____

OVERPAID (PAY DUE):

Earnings Code_____ Hours _____Rate $_____

Earnings Code_____ Hours _____Rate $_____

Earnings Code_____ Hours _____Rate $_____

Earnings Code_____ Hours _____Rate $_____

(**Gross** if request **is not** based on hours) $_____

Deductions that need to be taken:

_____

_____

SIGNATURE:

Agency Approval Authority _____ Date _____

Telephone _____ext_____ FAX #_____

Date:_____

Prepared by: _____ GROSS:_____ Net:_____ CHECK #_____ STOCK#:_____

I ACKNOWLEDGE RECEIPT OF A CHECK WITH THE ABOVE NUMBER, DATE AND PAYEE

SIGN HERE_____ **Date**_____

FAX APPROVED FORM TO: DAS-PAYROLL SERVICES 466-1565

HRD FORMS HUB: http://www.das.ohio.gov/hrd/forms.htm Revised 3/2008