



## Employee Direct Deposit Reversal Request

COMPANY:
REVERSAL REQUEST DATE (must not exceed 3 days after check date):
REASON FOR REVERSAL:

(Please refer to payroll reports to complete items below)

EMPLOYEE:		EMP #:	
CHECK DATE:		VOUCHER #:	GROSS AMOUNT
ACCOUNT # 1 (masked):	ROUTING # (masked):	ACCT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	AMOUNT:
ACCOUNT # 2 (masked):	ROUTING # (masked):	ACCT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	AMOUNT:
ACCOUNT # 3 (masked):	ROUTING # (masked):	ACCT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	AMOUNT:
ACCOUNT # 4 (masked):	ROUTING # (masked):	ACCT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	AMOUNT:

I understand it is COMPANY's responsibility to maintain proper documentation from EMPLOYEE allowing funds to be debited from their account. I acknowledge COMPANY has on file a signed authorization from EMPLOYEE to debit their account in the event of an erroneous credit. COMPANY will hold harmless Payroll Perfect, Inc. in the event of any claim related to this transaction.

I authorize Payroll Perfect, Inc. to debit EMPLOYEE's account for the above amount(s) listed and bill my next payroll invoice the \$35.00 processing fee. I understand there is no guarantee Payroll Perfect, Inc. will be able to recover the AMOUNT(s). If reversal(s) is unsuccessful, additional banking fees assessed will be added to my next payroll invoice.

The AMOUNT(s) will not be returned to the company's bank account until the bank has confirmed that the reversal has been completed. This process may take up to 7 business days from request date.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

SECURE: <https://payrollperfect.myfileguardian.com/>

FAX: (801)446-9889