

Payroll Services Stop Payment/Direct Deposit Reversal & Reissue Request

Date of Request:	
Employee Name:	
Banner ID #:	
Phone Number:	
I certify that I have not received my payroll payment issued on pay date/ I am requesting that Florida Southwestern State College Payroll Services provide one of the following services: Original Payment was a Check - Stop Payment Requested	
Check #:	
return the check to Florida Southwestern sees charged by my fin requeste	er requesting this stop payment and reissue request, I will notify and state College (FSW) immediately. I understand that FSW will not be ancial institution(s) if I attempt to deposit the missing check after I and this stop payment and reissue. Deposit - ACH Reversal Requested*
Direct Deposit #:	
If the above referenced direct deposit is received after requesting this ACH reversal and reissue request, I understand that the funds must remain in the account to successfully process the reversal request. If the reversal is unsuccessful due to a lack of funds in the account, any payment made over and above what was due to me will become due to the College immediately. I further understand that FSW will not be responsible for any fees charged by my financial institution(s) due to the fact that I did not inform Payroll Services of an account issue or closure.	
Employee Signature:	Date:
Received by Payroll:	Date Request Processed:
(Stop Payment Only) Reissued Check Number:	Date of Reissue:
(ACH Reversals Only) Date Confirmed w/ BOA:	Confirmation Number:
Reissued Check Number:	Date of Reissue: