

## Employee Direct Deposit Reversal Authorization Form

**Important Disclaimer:** If the account required to be reversed is a **Payroll Card** or **HSA** account, stop here and do not use this form. You must contact your HSA bank or Payroll Card provider to initiate the reversal. This form should only be used to request a reversal of funds from a traditional checking or savings bank account.

### Employee Information:

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_  
Check Date \_\_\_\_\_ Total Reversal Amount \_\_\_\_\_

### Account Information:

#### 1<sup>st</sup> Account

Routing/  
Transit (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Account Type (circle one) **Savings** **Checking** Reversal Amount \$ \_\_\_\_\_

#### 2<sup>nd</sup> Account

Routing/  
Transit (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

Account Type (circle one) **Savings** **Checking** Reversal Amount \$ \_\_\_\_\_

**DO NOT USE THIS FORM FOR HSA & PAYROLL CARD ACCOUNTS!**

Is the employee Terminated? Yes / No

What is the reason for the Reversal? \_\_\_\_\_

I authorize Payroll Control Systems or its Agents, including Financial Institutions, to initiate the above debit entry(s) and adjustments for any credit entries in error to the employee checking and/or savings accounts listed above. This authorization will take effect as soon as Payroll Control Systems, and its agents, have received this signed document. **I understand that Payroll Control Systems cannot guarantee that funds are available to reverse and will not be held liable if this debit entry is returned.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Company ID \_\_\_\_\_

PCS account manager \_\_\_\_\_

**Please fax to your customer service representative at 763-513-5968.**

### For Internal Use Only:

Total DD Reversals \_\_\_\_\_ Completed By: \_\_\_\_\_

Total Charge \$ \_\_\_\_\_ Date: \_\_\_\_\_