FLORIDA SOUTHWESTERN STATE COLLEGE

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 #: _____   Check Amount: _____

If the above referenced check is located after requesting this stop payment and reissue request, I will notify and return the check to Florida Southwestern State College (FSW) immediately. **I understand that FSW will not be responsible for any fees charged by my financial institution(s) if I attempt to deposit the missing check after I requested this stop payment and reissue.**

[ ]   **Original Payment was a Direct Deposit** - ACH Reversal Requested*

Direct Deposit #: _____   Direct Deposit Amount: _____

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.**

* Please note all ACH Direct Deposit Reversals take five full business days to confirm the reversal was successful. All direct deposit reversals must be confirmed before any payment can be reissued.

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: _____