## BOSTON UNIVERSITY OFFICE OF THE COMPTROLLER PAYROLL DEPARTMENT

## REQUEST FOR CHECK/DIRECT DEPOSIT REVERSAL FORM

To: Payroll Department (main office) From:	Date:
Subject: Request for (Circle One):	Check Reversal* Direct Deposit Reversal*
Section I: Reason for Request	
Section II: Check or Direct Deposit Inf	ormation
Payee:	
Employee Number:	
Mail Code:	
Check/ <u>Direct</u> <u>Deposit</u> Date:	
Check Number:	
TOTAL DEPOSIT:	
Section III: Credit Information for Rev	
ACCOUNT DISTRIBUTION	AMOUNT OF CREDIT
* PLEASE NOTE: It is important that or returned promptly to the Payroll Office bec and employee deductions implications. The direct deposit reversal requests by 12: pay date. We can not guarantee that deposit	ause of possible income tax Payroll Office must receive OO Noon the day <b>BEFORE</b> the
Signature:	Date:

FOR PAYROLL USE ONLY: Processed by:	
Date Request Received:	Date Reversal Completed: