



Division of Administration and Business Services
District Fiscal Services

Payroll Direct Deposit Reversal Request

District Information:	
District Name: _____	District Number: _____

Employee Information:	
Employee Name: _____ (Last) (First) (MI)	Employee Number: _____
Social Security Number (SSN): <u> X X X - X X -</u> _____	

Payroll Information:		
Payroll Number: _____	Payroll Issue Date: _____	Deposit Net Amount: \$ _____

Reason for Direct Deposit Reversal:

Requested by:	
Name: _____	Phone Number: _____

Authorization:	
<i>Information indicated in this section will be verified with the district's current Certification of Signatures form. Please note that only original signatures from an authorized agent will be accepted.</i>	
Name: _____	Title: _____
Authorized Signature: _____	Date: _____

For County Use Only:	
Galaxy Entry Date: _____	Completed By: _____
Comments: _____	