



DIRECT DEPOSIT REVERSAL & VOID PAYMENT REQUEST FORM

You must choose one of the following reasons for the request. Failure to provide a reason will result in a unprocessed request.

Reason:

Company Info Section

Company Name:

Company Code:

Employee Info Section

Last Name:

First Name:

Employee ID:

Payment Info Section :

Check Date:

Void Payment: -

Pay Group:

Net Pay:

By selecting **YES** you are authorizing Namely to reverse the Wages and Taxes associated with this payment.

Pay Cycle ID:

Banking Info Section :

Reverse Direct Deposit:

By selecting **YES** you are authorizing Namely to reverse the direct deposit associated with this payment.

Routing Number

Account Number

Account Type

Reversal Amount

Note: Direct Deposit Reversals can take 5-6 business days to process after receipt of form.

Authorized Client Signature

Date

Note: The Retraction Fee is \$100.00

Please submit a case in the Help Community with this form once it is complete.