



**Return Signed Request to:**  
Goldleaf Partners  
Attention: Payroll  
Fax: 612.339.0248  
Email: [payroll@goldleafpartners.com](mailto:payroll@goldleafpartners.com)  
Phone: 1.866.882.8442, opt. 6

**DIRECT DEPOSIT REVERSAL FORM**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Payee: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Voucher#: \_\_\_\_\_ Check Date: \_\_\_\_\_ Net Pay: \_\_\_\_\_

I \_\_\_\_\_ do hereby state that I want to reverse the direct deposit from the above named employee, for the listed net pay. By agreeing to this, I am confirming that it is within 5 days from the original settlement date (check date) and I am aware that there is no guarantee that Goldleaf Partners Employer Services will be able to recover these funds.

The amount will not be returned to the company’s bank account until the bank has confirmed that the reversal has been completed. This process could take up to 10 business days. Additionally, a \$25.00 Reversal Fee will be deducted from the returned amount. If the amount is unable to be returned, a \$12.00 fee will be added to the next payroll invoice for a processing charge that is assessed by the banking institution.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payroll Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form to the email or fax number at the top of this page.**

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**DO NOT FILL OUT BELOW LINE – FOR GOLDLEAF PAYROLL USE ONLY**

Date transmitted: \_\_\_\_\_ Date confirmed: \_\_\_\_\_

Returned Date: \_\_\_\_\_