



Return Signed Request to:
Goldleaf Partners
Attention: Payroll
Fax: 612.339.0248
Email: 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.

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

Date transmitted: _____ Date confirmed: _____

Returned Date: _____