

EFT REVERSAL/STOP PAYMENT/CANCELLATION REQUEST

TODAY'S DATE ___/___/___

PAYROLL NO. _____

BORO/SCHOOL

CHECK DATE ___/___/___

EMPLOYEE NAME _____ TITLE _____

REFERENCE NO.

FILE NO.

REASON FOR ACTION:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Terminated | Date: _____ |
| <input type="checkbox"/> Resignation | Date: _____ |
| <input type="checkbox"/> Retirement | Date: _____ |
| <input type="checkbox"/> Leave Without Pay | Start Date: _____ |
| <input type="checkbox"/> Deceased | Date: _____ |
| <input type="checkbox"/> Grace Period | Start Date: _____ End Date: _____ |
| <input type="checkbox"/> Unauthorized Absences | Days: _____ |
| <input type="checkbox"/> Sabbatical Adjustment Required | Start Date: _____ |
| <input type="checkbox"/> OTHER: | Dates: _____ |

Please select one of the following options:

- Process reversal and cancel future Direct Deposit participation
- Reversal requested for this pay period only
- Process stop and cancel future Direct Deposit participation
- Stop requested for this pay period only
- Cancel Direct Deposit only

School/FMC Contact: _____

Telephone No.: _____

Principal/FMC Authorization: _____

You are required to inform employees of all reversal requests.

Fax to 718-935-3702