

Direct Deposit Reversal and Void Payment Request Form

Reason:

*Please choose one of the following reasons for the request.
Failure to do so will result in an unprocessed request.*

Company Information

Company Name:

Company Code:

Employee Information

Last Name:

First Name:

Employee ID:

Payment Information

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 Information

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

Please submit this completed form with a case in ClientSpace.