

Reversal of Payment Election

Federal Banking Regulations require that we inform employees when we are reversing Payment Election funds from their bank account.

Please choose Option 1, 2 or 3 by checking the appropriate box. Then sign and date below and email to payroll@wustl.edu.

Emp Name: _____ Emplid: _____

Option 1

I have informed the above employee that the payment election amount of \$_____ will be reversed from their account per my instructions. Please issue a replacement check immediately. I understand that if the reversal of the payment election is not successful, my department will be responsible for the duplicate payroll charges.

Option 2

I have informed the above employee that the payment election amount of \$_____ will be reversed from their account per my instructions. I understand that the replacement check will not be processed until confirmation is received from Bank of America verifying that the reversal of the payment election was successful. This process may take 3 – 5 banking days.

Option 3

I have informed the above employee that the payment election amount of \$_____ will be reversed from their account per my instructions. I understand that if the reversal of the payment election is not successful, my department will be responsible for the charges. **The employee has been informed that no replacement check will be processed, as the employee received this check in error.**

SIGNATURE

DATE

For Payroll Office Use Only:

	Date	Bank Contact
Reversal Faxed	_____	
Fax Receipt Confirmed	_____	
Reversal Confirmed	_____	_____
Payroll Representative	_____	_____