



## Direct Deposit Delete or Reversal Request

**Submission Instructions:** email completed form to [state\\_centralpayroll@state.co.us](mailto:state_centralpayroll@state.co.us)

- Delete requests can only be honored if received 2 business days prior to payday before 12:00 pm MST
- Reversal requests take 5 business days to confirm success return of funds
- No reversals guaranteed after original deposit date

**Employee Information (all fields are mandatory)**

Employee Name: \_\_\_\_\_

Schedule #: \_\_\_\_\_

Employee Identity #: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Check Date: \_\_\_\_\_

Advice/Warrant #: \_\_\_\_\_

**Was a wage garnishment applied to this paycheck (check one)?** Yes \_\_\_ No \_\_\_

**Direct Deposit Information (all accounts to be reversed must be listed)**

Bank Routing Number	Checking/Savings Account Number	\$ Amount of Deposit to Delete or Reverse

**Reason for Delete or Reversal (Please Select One)**

☐ Wages Overpaid

☐ Paid in Error

☐ Account Closed

☐ Other: \_\_\_\_\_

**Hand Drawn Check Request for Direct Deposit Deletes Only** (This applies only to Account Closed, all other CHOP (manual check) requests must be submitted to Central Payroll Unit)

☐ Yes

☐ No

**Certification:** I certify that all information on this form is true and correct and that I am authorized to request the Reversal of Wages.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_