

DIRECT DEPOSIT STOP PAYMENT**EMPLOYEE NAME****COMPANY NUMBER****EMPLOYEE NUMBER****DD NUMBER****PAYMENT DATE****PAY PERIOD END DATE****REASON****AMOUNTS**Account Closed ☐

158 VACULOAN

Garnishment ☐

159 DD Checking1

160 DD Saving1

Incorrect AMT ☐

163 DDChecking3

164 DDSaving3

LWOP ☐

167 DDChecking 2

168 DDSaving2

Death ☐**or**Other ☐

169 DDChecking (Net)

170 DDSaving (Net)

(provide brief explanation below)

Authorized Agency Signature

Date

Reserve for DOA Payroll Operations Use:

Bank Action:

DOA Disposition:

Entered By/Date:

Entered by/Date:

ACH Reversal:

Internal ☐

or

Rewire ☐

Returned as:

Date

☐ Deletion☐ ReversalReport 10/Check ☐

Notes:

TO:

ABA#

Account#

Reference #

Released by:

Signature/Date