

District Business & Advisory Services

District Direct Deposit Recall/Reversal Request

\*\*PLEASE TYPE & RETURN VIA EMAIL TO DBAS' SERVICE TEAM SPECIALIST\*\*

District Name:			
Employee Name:			
Employee Ext Ref # or Last 4-digit of SSN:			
Net Pay Amount:		Warrant #:	
Payroll Effective Date (Date Paid):			
County-Paid Vol Ded #:		Amount:	
Account String Required for:			
County-Paid Vol Ded Amount			
Deceased Employee's Net Pay	Fnd-Resrc-Yr-Obj-SO-Goad-Func-CstCr-Ste-Mngr		
Reason for Recall/Reversal:			
Deceased Employee's Date of Death:			
Type of Cancellation Requested			
Bank Recall/Reversal Only	QCC Cancel & Bank Recall/Reversal		
Banking Information			
Employee's Bank Account Type:	Checking	Saving	
Bank ABA (Routing) #:			
Bank Account #:			

We understand that district is responsible to ensure the correct account number and ABA (Routing) number are entered in this form. Wells Fargo Bank will not notify DBAS if incorrect information is submitted. Once this request is initiated, it cannot be reversed.

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School District Authorization Name & Signature

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Date