

# Direct Deposit Reversal Affidavit



This certifies that I did not receive my payroll direct deposit. I understand that if I do receive the original deposit, I need to return it to Axis PEO at 260 Peachtree Street NW Suite 2200 Atlanta, GA 30303. A reversal will be placed on the original deposit. In most cases, a reversal fee of \$40 will be charged to the employee. A replacement check may take up to seven (7) days to be re-issued.

## I further acknowledge and affirm that this deposit was

<input type="checkbox"/> Never received	<input type="checkbox"/> Not processed due to incorrect bank account information
<input type="checkbox"/> Paid in error	<input type="checkbox"/> Other:

Original funds have never been withdrawn or otherwise negotiated in any way by the undersigned or by any agent on my behalf. I acknowledge that, in reliance upon my representations herein, I will be issued a replacement check in place of the above described deposit, and I agree to return the above described deposit if it should ultimately be found or discovered.

I further acknowledge that I may be subject to civil and criminal penalties (including prosecution for fraud and perjury) if it is ultimately discovered that I have withdrawn or otherwise negotiated (or allowed to be negotiated) the above described check.

## Company Information

Company Name:		
Employee Name:	Last Four Digits SSN:	
Employee Mailing Address:		
City:	State:	Zip:
Check Date:	Net Check Amount:	
Check Number:	Daytime Phone:	

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

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

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

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

## Payroll Department Use Only

Replacement Check Number:	Date:
Processed by:	Delivery Method: