



## 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 Star HR, Payroll Department at 6959 University Blvd. Winter Park, FL 32792. 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:

- Never received
- Not processed due to incorrect bank account information
- Paid in error
- 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Original funds have never been withdrawn or otherwise negotiated in any way by the undersigned or by any agent on my behalf.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civil and criminal penalties (including prosecution for fraud and perjury) if it is ultimately discovered that I have withdrawn or otherwise negotiated (or allowed to be negotiated) the above described check.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 Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Last Four Digits SSN: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Date: \_\_\_\_\_ Net Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

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

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

### Payroll Department Use Only

Replacement Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

\*\*\*\*DUE WITHIN 24 HOURS OF ACCIDENT\*\*\*\*