



Direct Deposit Reversal Authorization

Company Name _____

Processing Hub / Company Number Cleveland / _____

Employee Name (with middle initial)	Account #	Routing /ABA #	Ee Code	Check Date	Amount	Checking or Savings	Reason

I understand that when a direct deposit reversal debit to an employee's account is unsuccessful due to insufficient funds or for any other reason, Minute Men HR will debit my company's account for the full amount of the failed reversal and we (the customer) will make arrangements for reimbursement directly with our employee.

Customer Representative Name Printed: _____

Authorized Customer Signature: _____

Title: _____ Date: _____

MMHR Representative: _____
Date: _____