

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 Frontline HRO, Payroll Department at 1775 Parker Rd. Building C. | Suite 210 Conyers, GA 30094. A reversal will be place 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Original funds have never been withdrawn or otherwise negotiated in any way by the undersigned or by any agent on my behalf.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civil and criminal penalties (including prosecution for fraud and perjury) if it is ultimately discovered that I have withdrawn or otherwise negotiated (or allowed to be negotiated) the above described check.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: _____ Date: _____

Witness Signature: _____ Date: _____

Payroll Department Use Only

Replacement Check Number: _____ Date: _____

Processed by: _____ Delivery Method: _____