

# Monterey County Office of Education

## Payroll Direct Deposit Reversal Request

FOR DISTRICT USE ONLY		
District Number:	District Name:	
Submitted by:	Phone #:	Date sent to MCOE:
Direct Deposit Information		
ACH Voucher Number:	Payroll Date:	
Gross Earnings:	Net Earnings:	
Employee Name:		Empld:
ACH Routing Number:	ACH Account Number:	
Explanation:		
District Signature/Approval:		Date:
Name & Title of District Authorized Signer:		

**PLEASE NOTE:**

Attach direct deposit voucher to be reversed with CANCEL written across the face of the voucher.

  
  

**ATTACH VOUCHER TO BE CANCELLED HERE**

COUNTY OFFICE USE ONLY	
Approval:	Cancelled by: _____
Date:	