

**ELECTRONIC FUNDS TRANSFER
PAYROLL PARTIAL REJECTION / RE-ISSUE REQUEST FORM**

Request Date: _____

Payroll Requestor: _____ Ext.: _____

Employee Name: _____

Employee ID: _____

Amount: _____

ABA #: _____ Account Type: Checking Savings

Account #: _____

Payroll Approval: _____ Date: _____

Treasury Management Approval: _____ Date: _____