

Direct Deposit Reversal Request

This form is available to agencies requesting to reverse a direct deposit payment that was issued in error.

Reversal deadlines: Payroll requests must be received no later than 12 noon the business day before payday.
 Vendor/Travel requests must be received by 4:00 pm no more than seven (7) calendar days from the date the payment was issued.

• All fields must be completed.

• Please type or print all information.

1. Agency name	2. Agency number
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Type of Payment

3. <input type="checkbox"/> Payroll Please process a reversal for the following reason: <input type="checkbox"/> Death Date _____ <input type="checkbox"/> Retirement Date _____ <input type="checkbox"/> Termination Date _____
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4. <input type="checkbox"/> Vendor / Travel Please process a reversal for the following reason: <input type="checkbox"/> Payment not due <input type="checkbox"/> Incorrect payee <input type="checkbox"/> Incorrect payment amount <input type="checkbox"/> Duplicate payment
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Payment Information

5. Payee name	9. Routing number
6. TIN (11 digits) and mail code (3 digits)	10. Account number
7. Amount	11. Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
8. Comptroller payment number	12. Payment issue date

Method of Notification

<i>Note: Payee MUST be notified of the reversal no later than settlement (effective) date of the reversal.</i>	
13. Method of notification <input type="checkbox"/> Phone call <input type="checkbox"/> FAX <input type="checkbox"/> Letter <input type="checkbox"/> Email	14. Date of notification

Agency Authorization

15. Signature (Required) <div style="border: 1px solid black; padding: 5px; width: 100px; height: 30px; display: flex; align-items: center;"> sign here ➤ </div>	16. Printed name
17. Title	18. Phone (Area code and number)
19. Date	

Texas Comptroller of Public Accounts
 Fiscal Management

FAX: 512-475-5424
 Email: tins.mail@cpa.texas.gov (send ONLY encrypted emails)
 Phone: 512-936-8138

Please call 512-936-8138 to verify timely receipt of this form.

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Reversal Deadlines

- a. Payroll requests must be received no later than 12 noon the business day before payday.
- b. Vendor/Travel requests must be received by 4:00 pm no later than seven (7) calendar days from the date the payment was issued.
- c. Please call 512-936-8138 to verify timely receipt of this form.

Instructions

1. Agency name: Name of state agency submitting the form.
2. Agency number: 3-digit agency number associated with the agency name.
3. Payroll: Select one of the following reasons for the request: death, retirement or termination. The date is required.
4. Vendor/Travel: Select one of the following reasons for the request: payment not due, incorrect payee, incorrect payment amount, duplicate payment.
5. Payee name: Provide the name of the payee to whom the payment was made.
6. TIN: Provide the 11-digit payee number and the 3-digit mail code.
7. Amount: Provide the amount of the payment being reversed.
8. Comptroller payment number: Provide the 7-digit number of the direct deposit payment.
9. Routing number: Provide the 9-digit routing number of the financial institution to which the payment was issued.
10. Account number: Provide the account number to which the payment was issued.
11. Account type: Select whether payment was issued to a checking or savings account.
12. Payment issue date: Provide the date the payment was issued.
13. Method of notification: Select the method the agency used to notify the payee of the reversal: phone call, FAX, letter or email. Please retain for audit purposes the documentation of the notification at your agency.
14. Date of notification: Provide the date the payee is notified of the reversal, which must be no later than the settlement date of the reversal.
15. Signature: Signature of the agency's requestor.
16. Printed name: Provide printed name of the agency's requestor.
17. Title: Provide title of the agency's requestor.
18. Phone number: Provide the area code, phone number and extension (if applicable) of the agency's requestor.
19. Date: Provide the date the form is signed by the agency's requestor.

Submit to: Texas Comptroller of Public Accounts
Fiscal Management

FAX: 512-475-5424

Email: tins.mail@cpa.texas.gov (*send ONLY encrypted emails*)

Phone: 512-936-8138