

**CLEMSON UNIVERSITY
REQUEST FOR REPLACEMENT OF
PAYROLL CHECK DUE TO CLOSED BANK ACCOUNT**

Name _____

@Ugh(cZSS#/ Employee ID# _____

Date of Payroll Check(s) _____

Department Where Employed _____

Phone Number _____

There is a \$5.00 charge to reissue a check due to having closed your bank account before notifying Payroll to stop your direct deposit. Please choose one of the two options:

Enclose \$5.00 cash or check payable to Clemson University

You agree to have \$5.00 withheld from the reissued check; and your signature above authorizes the payroll deduction

Signature **Date**

**Completed form and payment option should be sent Interoffice, dropped-off, or mailed to:
Human Resources
Attn: Brenda Hall
Admin Services Building
Pearman Boulevard
Clemson, SC 29634-5337**

**If choosing Payroll Deduction for the processing fee, the form can be faxed to:
Attn: Brenda Hall
864-656-3366**

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| Payroll Use Only |
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Date of Bank Returned Item: \_\_\_\_\_ Date of Reissued Check: \_\_\_\_\_

Check was:    \_\_\_ Mailed Date: \_\_\_\_\_

                  \_\_\_ Picked-up Signature: \_\_\_\_\_

By:        \_\_\_ Employee    \_\_\_ Department