



VOID CHECK LIST

LIVE CHECKS MUST BE RETURNED PRIOR TO VOIDING. DIRECT DEPOSITS CANNOT BE VOID WITH A DATE PRIOR TO THE SCHEDULED PAY DATE.

Today's Date: _____ Coordinator Name: _____

Client Name: _____ Client ID w/Pay Group: _____

Payment Method: _____ Payment Date: _____

Original Check/DD Date: _____ Check/Advice Number: _____

Employee Name: _____ Net Amount: _____

Reason for void: _____

Due to FrankCrum error? Yes No

If yes, please explain and attach email from client:

Live Check

Was the original check returned to FC?

Yes No

If not, why? _____

Garnishments? Yes No

(If yes, attach email to GARN)

Stop payment needed? Yes No

(If yes, attach email from BANKING)

Fee charged to EE ER, or NONE?

If NONE, why? _____

Supplemental open/submitted through MFC?

Yes No

Direct Deposit

Have funds been released by FC?

Yes No

If yes, when? _____

Garnishments? Yes No

(If yes, attach email to GARN)

Reversal or Partial Debit needed? Yes No

(If yes, attach email from BANKING)

Fee charged to EE, ER, or NONE?

If NONE, why? _____

Supplemental open/submitted through MFC?

Yes No

Managers Complete

Voided by: _____ Date: _____