



Colorado

Department of Personnel & Administration

DIRECT DEPOSIT DELETE REQUEST

Please send completed form to:
Email: state_centralpayroll@state.co.us

Direct Deposit Delete requests can only be honored if received 2 business days prior to payday before 12:00 pm, there are no exceptions.

Employee Information (ALL FIELDS ARE MANDATORY AND MUST MATCH THE ORIGINAL TRANSACTION)

Employee Name _____ EID _____
ORG/Agency _____ Check Date _____
Total (\$) Delete Amount _____ Schedule # _____

Direct Deposit Information (ALL ACCOUNTS TO BE DELETED MUST BE LISTED)

Bank Routing Number _____ Checking/Savings Account Number _____ \$ Amount of Deposit to Delete _____

Reason For Deletion (Please select one)

Wages Overpaid Paid in Error Account Closed
Other (EXPLANATION)

Hand Drawn Check Request (This applies only to Account Closed, all other CHOP requests must be submitted to Central Payroll)

Yes No

I certify that all of the above information on this form is true and correct and that I am authorized to submit this form and request the Direct Deposit Delete.

SIGNATURE

DATE

PRINTED NAME

TELEPHONE

Central Payroll Use Only

Wage Attachment _____ Date Deleted Wells Fargo _____
Trace Number _____ Emailed Org Date _____
Cancel in CPPS _____ Hand Drawn Check # _____