

**TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER**

CHECK CANCELLATION FORM

NAME: _____ PAYING ACCOUNT: _____

SS #: _____ ADLOC: _____

VOUCHER #: _____ PAY DATE: _____

REASON FOR CANCELLATION

HEAD OF DEPARTMENT
(or an authorized representative)

DATE

All requests for cancellation of a payroll payment must be submitted on this form. The completed form must be accompanied by the check being cancelled or, if payment was made by Direct Deposit, a copy of the notification to employee that the payment is being reversed. A copy of the Voucher Detail on which the original payment was made must also be attached.