

UNIVERSITY OF OKLAHOMA  
HEALTH SCIENCES CENTER

PAYROLL SERVICES  
(405) 271-2055

**NOTICE TO CANCEL PAYCHECK**

Fax (405) 271-2057

This notice is to inform Payroll Services that the following employee's paycheck (direct deposit or paper check) should be cancelled:

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Reason (Required): \_\_\_\_\_

\_\_\_\_\_

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Payroll Coordinator / Supervisor)

\_\_\_\_\_  
Date

**DEPARTMENTAL PAYROLL COORDINATORS:**

This form is to be used to cancel an EOM direct deposit or paper paycheck. It is to be submitted (by hand or fax) to Payroll Services **after** EOM payroll has been verified via departmental register reports. It **must** be received by the cancellation deadline. In general, the cancellation deadline is 5 PM on the 6<sup>th</sup> working day from PAYDAY. The actual cancellation due date is provided in the monthly EOM "OK to print your departmental registers" e-mail from Payroll Services.