

**University of Florida
Advice (EFT) Cancellation Request**

Department ID: _____
Employee Name: _____
Employee UFID: _____
Employee Record #: _____
Pay Period ID: _____
Advice Date: _____
Advice Number: _____
Advice Net Amount: _____

Reason for Cancellation:

I confirm that the above information is correct and that the Payroll Department has been authorized to cancel the above employee's EFT. I am aware that any request received after the Monday on the week of the pay day may be a reversal of the EFT, which may be subject to rejection by the bank, rather than a cancellation.

Employee's Time and Labor Processor:

_____ (Processor's Signature) _____ (Date)

_____ (Printed)

Please fax the completed form to University Payroll Services at 352-846-0166.