REQUEST FOR STOP PAYMENT

PLEASE VERIFY THAT THE FOLLOWING PAYCHECK HAS NOT CLEARED THE BANK. IF IT HAS NOT, PLEASE REQUEST A STOP PAYMENT.

FACILITY NAME_____

EMPLOYEE NAME_____

EMPLOYEE NUMBER_____

CHECK NUMBER_____

CHECK DATE_____

NET PAY_____

REASON_____

I UNDERSTAND THAT THERE WILL BE A $30.00 FEE FOR THIS SERVICE.

I AUTHORIZE MY EMPLOYER TO DEDUCT THE $30.00 FEE FROM MY NEXT PAYCHECK.

_____

NAME (PRINTED)

_____

SIGNATURE

DATE REQUESTED_____