



# STOP PAYMENT REQUEST

Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Worksite Employer Name: \_\_\_\_\_

Reason for Stop Payment / Void:

\_\_\_\_\_  
\_\_\_\_\_

### **REPLACEMENT CHECK:**

Delivery via: \_\_\_ Regular Mail \_\_\_ Overnight Express \_\_\_ 2<sup>nd</sup> Day Delivery \_\_\_ Next Payroll

Delivery Charges to be paid by: \_\_\_ Employee \_\_\_ Client Company (Check #: \_\_\_\_\_ Amount: \_\_\_\_\_)

### **THERE WILL BE A \$35.00 CHARGE FOR ALL STOP PAYMENTS**

Stop Payment fee to be paid by: \_\_\_ Employee \_\_\_ Client Company \_\_\_ Other

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Unless otherwise notified, replacement checks are not issued until DecisionHR receives "stop payment" confirmation from its financial institution. DecisionHR will agree to issue a replacement check prior to this confirmation if an authorized representative of the Client agrees to reimburse the amount of the original check to DecisionHR should the original check be paid by the bank.

\_\_\_\_\_  
Authorized Client Signature \_\_\_\_\_ Date \_\_\_\_\_