

PAYCHECK - Stop Payment Form

INSTRUCTIONS:

1. To receive a replacement check, complete the information below.
2. Sign below, which authorizes company to place a Stop Payment on this check with the bank at a charge of \$25.00
3. Send via fax (763-208-7137) or email (sonia.warmack@srwbooks.com) to SRW, Inc. dba "The Bookkeeper"
4. A replacement check will be issued within two weeks and mailed to the store unless and alternate location is specified.

Store #: _____

Employee Name: _____

Last Four Digits of Social Security #: _____

Phone number where you may be reached: (_____) _____ - _____

Paycheck Date: _____ Number (if known) _____ Amount (if known) \$ _____

1. I have not received my paycheck
2. I have lost my paycheck
3. My paycheck was damaged
(if damaged check is returned the stop pay fee will not be charged)
4. other (state reason) _____

My signature below confirms that I am requesting the above dated check stopped and a replacement paycheck issued to me. I understand that this payment will be reissued less the stop payment fee of \$25.00 unless damaged check is returned. The replacement check will be mailed to the store location listed above for pickup within two weeks unless and alternate mailing location is specified. If the check has been or ever is cashed, I agree to assist the company in seeking to recover these funds.

Further, if through some misunderstanding, I am the recipient of funds from the original and replacement checks, either directly or through deposit of funds, I will repay the company by check or cash for the full amount of the original check, due immediately.

NOTES: In the event you receive / find your missing paycheck after you submit this form to Payroll, please return it to the company immediately, do not try to cash or deposit it. The reissued check will be marked 'REPLACEMENT'.

Employee Signature

Date

Management Signature

Date

FOR PAYROLL USE ONLY

RECEIVED: / / **Stop Placed at Bank:** / /

REPLACEMENT CHECK: \$ _____ # _____ **DATE:** / /