

**PAYROLL SERVICES
STOP PAYMENT REQUEST FORM**

Employee Name

Employee ID

Department #

Net Amount

Reason for stop payment

Please choose one of the options below.

Option 1: I have informed the above employee that a stop pay is being placed on their check for the net amount of \$ _____ dated _____ and that a replacement check will be issued immediately. A manual check request is attached to this request.

Option 2: I have informed the above employee that a stop pay is being placed on their check for the net amount of \$ _____ dated _____ and that the correct payment amount will be added to their next payroll check.

Option 3: I have informed the above employee that a stop pay is being placed on their check for the net amount of \$ _____ dated _____ and that no replacement check will be processed because the payment was made in error.

Prepared By (Please Print)

Date

Signature

Email completed form to your Payroll Representative or send by fax to (314) 935-7079.