



Stop Payment Request

Client Name: _____ Client ID: _____

Employee Name: _____ SSN: _____

Void Check

- Original check must be attached for credit to be issued
- Write void across face of check

Reason for voiding check for this employee:

Stop Payment Request

* A fee of \$30.00 will be charged by our bank, please indicate how this fee will be recovered:

- Deduct from Employee Check
- Bill Client for this charge

Reason for issuing a stop payment order:

Approved By: _____ Date: _____

Title: _____ Date: _____

Payroll Account Manager: _____ Date: _____