

Payroll Check Stop Payment Request Form

DATE OF REQUEST:

DATE REQUEST PROCESSED:

EMPLOYEE NAME: _____

PERSON ID: _____

CHECK DATE: _____

AMOUNT: _____

REASON FOR STOP PAYMENT/VOID

Lost

Stolen

Other

Reason:

UFS Use Only

Original Check # _____

Replacement Check or ACH # _____

Replacement Check Date: _____

Amount: \$ _____

Stop Payment

Void

Remove from outstanding check list and JV

Remove from outstanding list

Tracer ID#: _____

Requested By: _____

Request Processed By: _____