



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 2nd 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