

REQUEST FOR STOP PAYMENT OF CHECK

Employees may use this form to make a formal request to payroll to stop payment on paycheck(s) and to provide a replacement check(s). Please note that while we work to fulfill stop payment requests promptly, in some cases this process may take at least five (5) business days to process requests.

Payee Name	_____	SSN/AU ID	_____
Department	_____	Phone	_____
I am	Faculty	Staff	Student
I work	FT	PT	
I am paid	Monthly	Biweekly	

Check Amount	_____	Check # (if known)	_____	Check Date	_____
Check Amount	_____	Check # (if known)	_____	Check Date	_____
Check Amount	_____	Check # (if known)	_____	Check Date	_____

Reason for Replacement _____

Pick Up Preference
Pick up in HR _____
Mail to: (home address only – no on-campus) _____

Signature _____ Date of Request _____

Requested by: (If different from Payee) _____

Did you check the Black box at front desk ? YES NO