

Void Check / Stop Payment Request



Client Company: _____
Employee Name: _____ Soc Sec #: _____ - _____ - _____
Check Date: ____/____/____ Check Number: _____ Check Amount: \$_____

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 \$32.50 will be charged by our bank / indicate how this fee will be recovered:

_____ Deduct from Employee Check; or
_____ Bill Client for this Charge

Reason for issuing stop payment order _____

Approved By: _____ Date: ____/____/____
Title: _____