

CHECK RE-ISSUE / STOP PAYMENT

Form must be filled out and faxed to Payroll USA, Inc., at 941/727-1039 before any check can be re-issued

Check Date: _____	Check Number: _____	Net Amount: \$ _____
Employee Name: _____		EE #: _____
Driver's License #: _____		(Mandatory)
Worksite Client Name: _____		Client Phone #: _____

<i>For internal use only:</i>		<i>Voucher #:</i> _____
<i>Date Received:</i> _____	<i>Date Entered:</i> _____	<i>By:</i> _____
<i>Replacement Check Number:</i> _____		<i>Date Sent:</i> _____
Stop Payment info: Date Stop Submitted: _____		
CK # Stopped: _____	Net \$: _____	Date for \$30.00 fee assessment: _____

Reason For Re-Issue: _____

Replacement Check:						
Delivery via:	Next Payroll	Regular Mail	Overnight	2-Day	Pick-up	Courier
Delivery fee to be paid by:	Payee	Client	N/A			
\$30.00 Stop Payment Fee paid by:	Payee	Client	N/A			

<i>The invalid check must be <u>received</u> by Payroll USA, Inc., before any check will be re-issued, to override the \$30.00 stop payment fee.</i>	
Will the invalid check be returned?	Yes No
If No, Stop Payment fee to be paid by:	Employee Client
<p>Replacement checks are not normally issued unless either the replacement check, or a confirmation of stop payment is received. Payroll USA <u>will</u> issue a replacement check prior to the receipt of the returned check or a confirmation <u>if</u> the payee agrees to reimburse Payroll USA for the amount of the original check, should the original check be paid by the bank.</p>	
Employee Signature: _____	Date: _____