



Payroll Department
(732) 235-9207

Stop Payment – Payroll Check Form

This form will authorize the Payroll Department to take the necessary action to stop payment on the below referenced check.

I certify that my payroll check was: 1) Not received Received but lost
2) Not endorsed Endorsed

Additional comments: _____

Employee Name: _____ Employee ID#: _____
(please print)

Office Telephone #: _____ Home Telephone #: _____

Check Date: _____ Check Number: _____

Check Amount: \$ _____

Note: A stop payment must be placed on a lost payroll check before a replacement check can be issued. Employees who lose payroll checks will be subject to a processing fee of \$25.00 per lost check. This fee will be waived if the employee opts to sign up for direct deposit.

If the payroll check is mutilated or non-negotiable and it is attached, the fee may be waived.

Employee Signature _____
Date

To Be Completed By Payroll Dept. Only:

Received By:

Name/Signature _____
Date

To Be Completed By Treasury Office Only:

Stop Received By _____ Date _____

Stop Confirmed By _____ Date _____