



REQUEST FOR STOP PAYMENT OF PAYROLL CHECK

Employee Instructions

1. Use this form to request a stop payment on a lost payroll check and to request a replacement check.
2. Complete Section I below.
3. Stop Payment requests will not be accepted until five (5) business days after payday. Example: Stop Payment requests will be accepted beginning the Friday following a Friday payday.
4. Forms may be mailed or faxed. Fax completed form to 404-585-5980, or mail completed form Smith & Stilwell PO Box 53017 Atlanta, GA, 30355. The replacement check can be mailed to your home address on file or you can opt for direct deposit. Valid photo identification must be provided
5. To avoid similar problems in the future, choose to have your pay directly deposited to a banking institution. To participate in direct deposit for future pay, please the Direct Deposit Authorization Form (which can be found at www.smithandstilwell.com) and submit it to Smith and Stilwell, Inc.

Section I (To be completed by employee)

Employee Name: _____ Last Four digits of Social Security Number: _____
 Street: _____ Apt # _____ Email or phone number: _____
 City: _____ State: _____ Zip Code: _____

Reason for check reissue (check one):
 Lost in Mail Lost After Receipt Sent to Old Address
 Please mail reissued check
 Please direct deposit (must fill out and submit form)

For consideration of a duplicate payment, the undersigned agrees to indemnify and save harmless, Smith and Stilwell, Inc, for the amount of the original check in the event payment thereof be held against Smith and Stilwell, Inc.

In the event the original check is received, you must return it immediately to Smith and Stilwell, PO Box 53017 Atlanta, GA, 30355, with no attempt to cash it under penalty of fraud.

Fee assessment for stop payment: \$15.00 (will be deducted from paycheck).

Signature of Payee _____ Date _____

Section II Payroll Use only

Date Received: _____ Net Amount \$: _____
 Check Number: _____ Gross Amount \$: _____
 Prepared by: _____ Date: _____ Stopped by: _____ Date: _____
 Recut by: _____ Date: _____ Company Name: _____