

**Valdosta State University**  
**Payroll Stop Payment Request**

*(Return this signed form to the payroll office)*

**Today's Date:** \_\_\_\_\_

Please stop payment on the following check:

**Check Number:** \_\_\_\_\_

**Payee's Name:** \_\_\_\_\_

**Amount of Check:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**ADP Employee ID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Reason:** Not Received     Lost     Stolen     Other  (please explain below)

Signature of Employee Requesting Stop Payment:

\_\_\_\_\_

**\*\*A stop payment can only be placed on a check if it has been more than 5 business days after the issue date.**

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**PAYROLL ACTIONS:**

\_\_\_\_\_ Stop payment placed on \_\_\_\_\_

\_\_\_\_\_ Stop payment was not placed; check cleared \_\_\_\_\_

Date Check voided in EV5: \_\_\_\_\_

Reissue Date and Check Number: \_\_\_\_\_

Initials: \_\_\_\_\_