

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 (Net Pay): _____

Issue Date: _____

ADP Employee ID: _____

Phone Number: _____

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

Is Address on check correct? Yes No

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.**

PAYROLL ACTIONS:

_____ Stop payment placed on _____

_____ Stop payment was not placed; check cleared _____

Date Check voided in EV5: _____

Reissue Date and Check Number: _____

Initials: _____