

CENTRAL WASHINGTON UNIVERSITY
STOP PAYMENT INFORMATION
NOTIFICATION OF PROBLEM WITH CHECK

DATE _____

EMPLOYEE NAME _____

EMPLOYEE ID NUMBER _____

PHONE # _____ PAY CHECK DATE _____

CHECK NUMBER _____ CHECK AMOUNT _____

REASON FOR STOP PAY _____

I understand that by my signature below, I attest that I have not received the paycheck as listed above. I also understand that should I receive the paycheck as listed above, I will not present this check for cash or deposit. Once this form has been signed, the above check will be considered a non-negotiable instrument.

Employee's signature required _____ **Date** _____

PAYROLL OFFICER _____

DATE STOP PAYMENT PLACED _____

REPLACEMENT CHECK INFORMATION

STOP PAYMENT DATE _____

OLD CHECK NUMBER _____

NEW CHECK NUMBER _____

NEG POS PAY _____

POS PAY _____

Payroll Office Signature _____