

STOP PAYMENT FORM

FAX: 361-288-8525 or e-mail to payroll@focus1hr.com

EMPLOYEE:

I HAVE NOT RECEIVED THE WEEKLY PAY CHECK REFERENCED BELOW:

CHECK NUMBER: AMOUNT

CHECK DATED: W/E:

HOURS WORKED: PAY RATE:

EMPLOYEE NAME:

S.S. NUMBER:

I promise that if I DO receive the aforementioned check. I **WILL NOT ATTEMPT TO CASH IT** and will return the check to my office at the earliest time.

By my signature below, I acknowledge that failure to comply with any part of this agreement violates the rights of the office under the law and that the office will take necessary steps to enforce it's rights.

EMPLOYEE SIGNATURE: DATE:

OFFICE REPRESENTATIVE: DATE:

PAYROLL DEPARTMENT:

LOCATION: BANK A/C #:

LOCATION #: DATE:

REQUESTED BY:

OFFICE:

REASON FOR STOP: REPS. INT:

SUPV. INT:

OPERATIONS ASSISTANT:

CASHED ON: VERIFIED BY:

VERIFIED AS OUTSTANDING:

OPERATIONS: DATE:

ACCOUNTING: DATE:

STOP PAYMENT PLACED BY: ON:

PAYROLL DEPARTMENT:

DATE CHECK VOIDED: VOIDED BY:

CHECK REISSUE DATE: REISSUED BY:

COMMENTS (if any):