Reset Form Validate Form

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

# Stop Payment Notice

(Revised 02/11/04)

***SUBMIT COMPLETED FORM TO:***
**Office of Payroll Administration**
**Check Replacement Unit**
One Centre Street, Room 200N
New York, NY 10007

Fax completed form to:
(212) 669-8405

## *EMPLOYEE IDENTIFICATION*

(PLEASE PRINT)

**PAYEE NAME**

FIRST | M.I. | LAST

PAYROLL # | SOCIAL SECURITY NUMBER | CD | JSN

CHECK ID: LTR | CHECK NUMBER | NET PAY $ | CHECK DATE: MONTH / DAY / YEAR

**ANSWER ALL QUESTIONS**

1) DID PAYEE RECEIVE THE CHECK? ☐ YES ☐ NO

1a) IF YES, WAS THE CHECK ENDORSED? ☐ YES ☐ NO

2) WAS CHECK LOST WITHIN THE AGENCY? ☐ YES ☐ NO (Complete Section 1)

3) IS PAYEE ENTITLED TO A REPLACEMENT CHECK? ☐ YES ☐ NO

3a) IF YES, CHOOSE ONE ☐ RETURN TO PAYEE (Complete Section 3) ☐ RETURN TO AGENCY (Complete Section 2)

3b) IF NO, CHOOSE ONE ☐ RETURN TO AGENCY (Complete Section 2) ☐ CANCEL, PDN ATTACHED *

**The replacement check and the attached Payroll Deduction Notice (PDN) will be forwarded to OPA's Authorization and Adjustment Unit for a manual refund.*
***Required for replacement purposes.*

**SECTION 1:**

**CHECK LOST WITHIN AGENCY****

*If check was lost within your agency, describe the circumstances of loss in this section. You must notify your Inspector General's office immediately in writing with a copy to be attached and sent to OPA.*

**CIRCUMSTANCES OF LOSS:**

**SECTION 2:**

**REPLACEMENT CHECK RETURNED TO AGENCY****

*If replacement check must be returned to the agency, describe the circumstances in this section.*

**CIRCUMSTANCES:**

**SECTION 3:**

**CLAIM OF LOST CHECK**

**(NOTARIZATION REQUIRED - ORIGINAL MUST BE SUBMITTED TO OPA)**

*I have not sold, assigned or transferred said check, or amount due thereon, to any person or party whatsoever. I have not received cash or other consideration for said check and am still the sole owner of and entitled to receive the full amount thereof.*

*I make this affidavit to induce the issuance to me of a duplicate check to take the place of, and in the same amount as, the missing one; should said missing check, at any time, come into my hands, I will not attempt to cash or deposit said check and will immediately deliver it to the Assistant Director, Payroll Customer Service Division, Office of Payroll Administration.*

Sworn to before me this _____

day of _____ , 20_____

NOTARY STAMP

NOTARY SIGNATURE

EMPLOYEE SIGNATURE

## AGENCY SECTION

| | |
|---|---|
| AGENCY NAME | DIST.# |
| REPORTED BY | DoE ONLY FILE # |
| DEPARTMENT HEAD<br>SIGNATURE | TEL.# ___ – ___ – ___ MONTH / DAY / YEAR |

## *ADDRESS TO SEND REPLACEMENT CHECK*

**STREET ADDRESS**

**STREET ADDRESS CONTINUATION**

**BOROUGH / CITY / TOWN** | **STATE** | **ZIP CODE + 4** –

## FOR OPA USE ONLY

| | | |
|---|---|---|
| DATE STOP PROCESSED MONTH / DAY / YEAR | STOP # | STOP PROCESSED BY |
| DATE CLAIM SENT MONTH / DAY / YEAR | DATE REPLACEMENT ISSUED MONTH / DAY / YEAR | REPLACEMENT CHECK # |

| | |
|---|---|
| REPLACEMENT APPROVED BY<br>SUPERVISOR CHECK REPLACEMENT UNIT, SIGNATURE | APPROVE/ISSUE DUPLICATE CHECK<br>ASSISTANT DIRECTOR, PAYROLL CUSTOMER SERVICE DIVISION, SIGNATURE |