

STOP PAYMENT REQUEST FORM

Please indicate which payroll:

Per Session

Per Diem

EIS#

SS#

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Reason for Stop Payment:

Never Received

Lost/Stolen

**Please enter the following information from the PDPS payroll screen.  
Fax form to 718-935-2350.**

**Date of Per Diem/Per Session Check(s):**

**Check Number(s):**

1)

1)

2)

2)

3)

3)

Requested By: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_