

Stop Payment Notice

EMPLOYEE IDENTIFICATION

(PLEASE PRINT)

PAYEE NAME	FIRST <input type="text"/>	M.I. <input type="text"/>	LAST <input type="text"/>
PAYROLL #	<input type="text"/>	EMPLOYEE REFERENCE NUMBER	<input type="text"/>
	CD <input type="text"/>	JSN	<input type="text"/>
CHECK ID	LTR <input type="text"/>	CHECK NUMBER <input type="text"/>	NET PAY <input type="text"/> . <input type="text"/>
			CHECK DATE <input type="text"/>

ANSWER ALL QUESTIONS

1) DID PAYEE RECEIVE THE CHECK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3) IS PAYEE ENTITLED TO A REPLACEMENT CHECK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1a) IF YES, WAS THE CHECK ENDORSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3a) IF YES, CHOOSE ONE	<input type="checkbox"/> RETURN TO PAYEE (Complete Section 3)	<input type="checkbox"/> RETURN TO AGENCY (Complete Section 2)
2) WAS CHECK LOST WITHIN THE AGENCY?	<input type="checkbox"/> YES (See Section 1)	<input type="checkbox"/> NO	3b) IF NO, CHOOSE ONE	<input type="checkbox"/> RETURN TO AGENCY (Complete Section 2)	<input type="checkbox"/> CANCEL Manual Refund Attached*

* The replacement check and the attached Refund of Overpayment Manual Refund Form will be forwarded to OPA's Payroll Refund and Adjustment Unit.

SECTION 1: CHECK LOST WITHIN AGENCY

You must notify the Inspector General's Office in writing to explain the circumstances surrounding the loss of said check by emphasizing on the fact that the check was lost within the agency. Send a copy of the letter to OPA with the Stop Payment Notice.

SECTION 2: REPLACEMENT CHECK RETURNED TO AGENCY

Provide the reason for returning the replacement check to the agency.

REASON:

SECTION 3: CLAIM OF LOST CHECK

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.

NOTARIZATION REQUIRED.
ORIGINAL MUST BE SUBMITTED TO OPA

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 Director, Payroll Customer Service Division, Office of Payroll Administration.



NOTARY STAMP

Sworn to before me this _____

day of _____, 20_____

NOTARY SIGNATURE

EMPLOYEE SIGNATURE

AGENCY SECTION

AGENCY NAME	<input type="text"/>	AGENCY SPECIFIC #	<input type="text"/>
REPORTED BY (PRINT)	<input type="text"/>	AGENCY E-MAIL	<input type="text"/>
AUTHORIZED AGENCY PERSONNEL SIGNATURE	<input type="text"/>	PHONE#	<input type="text"/>
		DATE	<input type="text"/>

ADDRESS TO SEND REPLACEMENT CHECK

STREET ADDRESS	<input type="text"/>		
STREET ADDRESS CONTINUATION	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP CODE +4	<input type="text"/>

FOR OPA USE ONLY

DATE STOP PROCESSED	MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/>	DATE PMS CHECK DISP UPDATED	MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/>	STOP #	<input type="text"/>	STOP PROCESSED BY	<input type="text"/>
DATE CLAIM SENT	MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/>	DATE REPLACEMENT ISSUED	MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/>	<input type="checkbox"/>	REPLACEMENT CHECK # _____	<input type="checkbox"/>	DEDUCTION CHECK # _____
DATE FORM RECEIVED	<input type="text"/>			REPLACEMENT APPROVED BY	<input type="text"/>		
SUPERVISOR CHECK REPLACEMENT UNIT, SIGNATURE							