

## Stop Payment Request

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

 Cost Center Hierarchy Level 5 – Name and ID # \_\_\_\_\_  
 (KSOM Only, CCH Level 7)

Department Contact: \_\_\_\_\_ Department Phone: \_\_\_\_\_

**# Check Information:** (This information must be complete and accurate)

Pay Cycle: \_\_\_\_\_ Date of Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Net \$: \_\_\_\_\_

Whereas the University of Southern California, hereinafter referred to as the University, has issued the aforementioned check to the undersigned, \_\_\_\_\_, hereinafter referred to as the Payee,

And, whereas the Payee requests that a duplicate check be issued to him/her because:

said check was not received

said check was received but had subsequently been lost, stolen, or destroyed so that it cannot be found or produced

And, whereas the Payee affirms that the circumstances in connection with the loss, theft, or destruction were as follows  
**(This area must be completed):**

\_\_\_\_\_

\_\_\_\_\_

And, whereas the Payee firms that said check

had not been endorsed prior to the loss, theft, or destruction thereof

had been endorsed prior to the loss, theft, or destruction thereof.

Therefore, in consideration of the University's reliance on the foregoing affirmations and representations, and in order to induce the University to issue a duplicate check in the net amount of \$ \_\_\_\_\_ the Payee hereby requests that the University stop payment on the above-referenced check. The Payee agrees that the Payee will furnish to the University any information which is subsequently relative to this check issued, on which payment is being stopped.

The Payee further agrees that in the even the original check hereafter comes into his/her possession, it will immediately be delivered to the University for cancellation.

 \_\_\_\_\_  
 Payee's Signature Date

 \_\_\_\_\_  
 Payee's Signature Witnessed By Date

**Do not write below this line –for Payroll Use only**

**Date:** \_\_\_\_\_ **Processor:** \_\_\_\_\_ **Stop ID#:** \_\_\_\_\_

**Date Check Paid:** \_\_\_\_\_ **Date Copies** \_\_\_\_\_

**Date of Check:** \_\_\_\_\_ **Gross \$:** \_\_\_\_\_ **Net \$** \_\_\_\_\_

(For ERN Line #, Amounts paid, Hours Worked, Taxes, Reductions/Deductions, refer to pages 3 &amp; 4 of PS.RINQ. Attached)

**Authorized Signature:** \_\_\_\_\_ **Initialed by:** \_\_\_\_\_

**Batch #:** \_\_\_\_\_ **Date Reissued:** \_\_\_\_\_ **Check #** \_\_\_\_\_

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