

STOP PAYMENT REQUEST

Date: _____

I request a stop payment be placed with the Bank of America on the payroll check described below. This check should be reissued exactly as the original check. It is understood that the replacement check will not be released until the stop payment process has been confirmed with the bank, usually within 24 hours of notification.

Payee: _____

Empl or GT ID: _____

Check Date: _____

Check Number: _____

Check Amount: _____

Authorized By: _____

Campus Address: _____

Telephone Number: _____

Reason for Stop Payment: _____