



## Request for paycheck stop-payment and replacement

Date: \_\_\_\_\_

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

Reason: \_\_\_\_\_

Check Date: \_\_\_\_\_ Replacement Fee: **\$12.00\***

Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_

I request the CSUEB Foundation to place a stop-payment on the above referenced paycheck and issue a replacement. In the event that I receive or locate the original paycheck, I understand that the original check is no longer negotiable and agree to return it to the CSUEB Foundation Payroll Office.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The replacement fee of \$12.00 must be received in the form of cash, check or money order before we will process the request.