

Stop Payment Notice

(Revised 02/11/04)

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
Check Replacement Unit
One Centre Street, Room 200N
New York, NY 10007

Fax completed form to:
(212) 669-8405

EMPLOYEE IDENTIFICATION

(PLEASE PRINT)

PAYEE NAME

FIRST

M.I.

LAST

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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PAYROLL #

SOCIAL SECURITY NUMBER

CD

JSN

[]	[]	[]
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[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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[]

[]

CHECK ID

LTR

CHECK NUMBER

\$

NET PAY

CHECK DATE

MONTH

DAY

YEAR

[]

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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[]

ANSWER ALL
QUESTIONS

1) DID PAYEE RECEIVE THE CHECK? YES NO

3) IS PAYEE ENTITLED TO A REPLACEMENT CHECK? YES NO

1a) IF YES, WAS THE CHECK ENDORSED? YES NO

3a) IF YES, CHOOSE ONE RETURN TO PAYEE (Complete Section 3) RETURN TO AGENCY (Complete Section 2)

2) WAS CHECK LOST WITHIN THE AGENCY? YES NO
(Complete Section 1)

3b) IF NO, CHOOSE ONE RETURN TO AGENCY (Complete Section 2) CANCEL, PDN ATTACHED *

*The replacement check and the attached Payroll Deduction Notice (PDN) will be forwarded to OPA's Authorization and Adjustment Unit for a manual refund.
**Required for replacement purposes.

SECTION 1:
CHECK LOST WITHIN AGENCY**
If check was lost within your agency, describe the circumstances of loss in this section. You must notify your Inspector General's office immediately in writing with a copy to be attached and sent to OPA.

CIRCUMSTANCES OF LOSS:

SECTION 2:
REPLACEMENT CHECK RETURNED TO AGENCY**
If replacement check must be returned to the agency, describe the circumstances in this section.

CIRCUMSTANCES:

SECTION 3:
CLAIM OF LOST CHECK
(NOTARIZATION REQUIRED - ORIGINAL MUST BE SUBMITTED TO OPA)

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.

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

Sworn to before me this _____
day of _____, 20_____



NOTARY STAMP

NOTARY SIGNATURE

EMPLOYEE SIGNATURE

AGENCY SECTION

AGENCY NAME	DIST.#
REPORTED BY	DoE ONLY FILE #
DEPARTMENT HEAD	TEL.#
SIGNATURE	_____-_____-_____ MONTH DAY YEAR

ADDRESS TO SEND REPLACEMENT CHECK

STREET ADDRESS _____

STREET ADDRESS CONTINUATION _____

BOROUGH / CITY / TOWN _____ STATE _____ ZIP CODE + 4 _____

FOR OPA USE ONLY

DATE STOP PROCESSED MONTH DAY YEAR [][]/[][]/[][]	STOP #	STOP PROCESSED BY
DATE CLAIM SENT MONTH DAY YEAR [][]/[][]/[][]	DATE REPLACEMENT ISSUED MONTH DAY YEAR [][]/[][]/[][]	REPLACEMENT CHECK #
REPLACEMENT APPROVED BY		APPROVE/ISSUE DUPLICATE CHECK
SUPERVISOR CHECK REPLACEMENT UNIT, SIGNATURE _____		ASSISTANT DIRECTOR, PAYROLL CUSTOMER SERVICE DIVISION, SIGNATURE _____