

STOP PAYMENT REQUEST FORM

Please indicate which payroll:

Per Session

Per Diem

EIS#

SS#

Name: _____

Address: _____

City/State/Zip _____

Reason for Stop Payment:

Never Received

Lost/Stolen

**Please enter the following information from the PDPS payroll screen.
Fax form to 718-935-2350.**

Date of Per Diem/Per Session Check(s):

Check Number(s):

1)

1)

2)

2)

3)

3)

Requested By: _____

Contact Phone #: _____