

BARNARD

STOP PAYMENT FORM

Payroll Department

3009 Broadway, Milbank Room 15
New York, NY 10027

Phone:(212) 854-7619, Fax:(212) 280-8941, Email: payroll@barnard.edu

INSTRUCTIONS:

- 1) To receive a replacement check, complete the informational fields on this form.
- 2) Sign below, which authorizes Barnard College to place a Stop Payment on this check with the Bank.
- 3) Send via mail, fax, email, or hand deliver the authorized form to Payroll at the address listed above.

MY PAYCHECK DATED	<input type="text"/>	WAS:	LOST <input type="radio"/>	NOT RECEIVED <input type="radio"/>	DAMAGED <input type="radio"/>	STOLEN <input type="radio"/>	STALE DATED (OLDER THAN 6 MONTHS) <input type="radio"/>
EMPLOYEE NAME	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle				
HOME ADDRESS	<input type="text"/> Street Address						<input type="text"/> Apt/Unit/Suite
	<input type="text"/> City			<input type="text"/> State		<input type="text"/> Zip	
CONTACT INFORMATION	<input type="text"/> Preferred Email Address			<input type="text"/> Preferred Telephone Number			

My signature below confirms that I am requesting the above dated check stopped and a replacement paycheck issued to me. I understand that this payment will be reissued and will be mailed to the address I've provided on this form. The contact information I've provided is current and up-to-date. If the check has been, or will be cashed, I agree to assist Barnard College in seeking to recover these funds. I understand that there is a fee associated with placing a Stop Payment that is my responsibility.

Further, if through some misunderstanding, I am the recipient of funds from the original and replacement checks, either directly or through deposit of funds, I will repay Barnard College the full amount due immediately.

NOTES: In the event you receive/find your missing paycheck after you submit this form to Payroll, destroy the stopped check, do not try to cash or deposit it.

<input type="text"/> Employee Signature	<input type="text"/> Date
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FOR PAYROLL USE ONLY

REQUEST RECEIVED: _____	REISSUED BY: MM SP HW _____	DATE CONTACTED: _____	DATE DELIVERED: _____
PAYMENT STOPPED: _____	CHECK DATED: _____	CONTACTED BY: EMAIL _____	DELIVERY: MAILED HOME _____
NEW CHECK NUMBER: _____	IN ADP: _____	PHONE _____	PICKED UP _____
			ALTSCHUL MAILBOX _____
			BURSAR WINDOW _____