

## Payroll Department

## **PAYCHECK - Stop Payment Form**

**NEW CHECK DATE:** 

**DATE DISTRIBUTED:** 

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## **INSTRUCTIONS:**

- 1. Please allow 5 business days for receipt of your paycheck.
- 2. To receive a replacement check, complete the informational fields on this form.
- 3. Sign below, which authorizes The New School to place a Stop Payment on this check with the Bank.
- 4. Send via mail or hand deliver the authorized form to Payroll at the address listed above.

MY PAYCHECK DATED	WAS: LO	ST NOT RECEIVED	DAMAGED	STOLEN S	TALE DATED
ID NUMBER: <u>N 0 0</u>	or	SS NUMBER:			
EMPLOYEE NAME:  LAST		FIRST		MIDDLE	
HOME ADDRESS: STREE	T ADDRESS			APT#	
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 my home address on record. If the check has been or will be cashed, I agree to assist The New School in seeking to recover these funds by signing an Affidavit of Forgery.  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 The New School by check for 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. The reissued check statement will be stamped 'REPLACEMENT'.					
Er	nployee Signature		Date		Phone
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FOR PAYROLL USE ONLY  Á RECEIVED: / Stop Placed at Bank: / PR:					

**NEW CHECK #** 

**PICKUP** 

Distribution Req: \_\_\_ MAIL

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E-Mail: PayrollHelp@newschool.edu
WebPage: www.newschool.edu/cZ//payroll/

PAY #:

PAY ID:

Called EE: