

PAYCHECK - Stop Payment Form

Payroll Department

80 Fifth Ave., 4th Floor - New York, NY 10011
Phone (212) 229-5674 x4963 Fax (212) 229-1323

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:	LOST	NOT RECEIVED	DAMAGED	STOLEN
ID NUMBER: <u> N </u> <u> 0 </u> <u> 0 </u>	or SS NUMBER:				
EMPLOYEE NAME:	LAST	FIRST	MIDDLE		
HOME ADDRESS:	STREET ADDRESS		APT #		
	CITY	STATE	ZIP CODE		

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'.

Employee Signature Date

FOR PAYROLL USE ONLY					
RECEIVED: /	Stop Placed at Bank: /	PR: _____			
PAY ID: _____	PAY #: _____	NEW CHECK # _____	NEW CHECK DATE: / /		
Called EE: /	Distribution Req: <input type="checkbox"/> MAIL <input type="checkbox"/> PICKUP	DATE DISTRIBUTED: / PR: _			