



MY HR PROS

Stop Payment/Reissue Request Form

Please read the following and verify all information

Request Date: Client _____

Name: _____ Requested By: _____

Check Number: _____ Net Amount of Check: _____ Check Date: _____

EE Name: _____ Last four digits of SSN: _____

EE Current Address:

Please Verify Address

Please note there is a Stop Payment Fee of \$30.00

AFFIDAVIT

SPMI: My HR Professionals and _____ are not liable for a lost, damaged, or delayed [due to UPS, FedEx, or USPS] paycheck. If the employee reports the paycheck as lost or damaged, they must verify, sign, and submit back to their supervisor this **Stop Payment/Reissue Request** form for SPMI [with the original check if damaged]. Once SPMI receives the Stop Payment Request form, we will verify that the original paycheck has not been redeemed for payment after which a stop payment will be made on that check. SPMI has a waiting period of 14 days before reprinting another paycheck for the employee[_____ may choose to wave this waiting period; though, either _____ or _____ will be held financially responsible if the original check is found and cashed, and _____ also cashes the reprinted paycheck]. After the waiting period, SPMI will reprint and distribute the employee's paycheck to _____, who will notify the employee unless SPMI is told otherwise.

If the employee supplies the damaged check with the Stop Payment Request form, SPMI will reprint their check within 24 hours and will distribute that day.

SPMI does offer Direct Deposit and AccelaPay Visa Cards through US Bank in place of net checks for convenience and to guarantee payment for same day as check date. In addition, we can deposit the employee's paycheck into an alternate bank's debit cards if the employee does not wish to use AccelaPay Visa Cards through US Bank [though SPMI **cannot** guarantee same day deposits on those debits]. Please keep your employees aware of these services to help decrease the amount of damaged or lost checks.

We have read and understand the above statement, and hereby agree to the terms and conditions.

Employee's Signature

Supervisor's Signature

To waive 14 day waiting period, check box ☐