



Request for Replacement Check

1. Employee Information

Employee Name _____ Social Security Number XXX-XX-_____

Employer/Client Name _____

2. Check Information

The named employee has requested a replacement for Check number: _____

Check Amount \$ _____ Check Dated: _____

Reason for Request: _____

Internal Use Only

Date of Stop Payment: _____ Date Check Reversed: _____

Date Check Reissued: _____ Check #: _____ Paytech Name: _____

3. Signatures

I acknowledge that I do not, or know of any person acting my behalf, have in possession, cashed or deposited, or benefited financially from the lost check identified. I realize there is a 3 day waiting period from the receipt of this form by Employers Resource to the time replacement check is issued. In the event the mentioned check is cashed, I will be responsible for the repayment of the check and any related costs.

Employee Signature: _____ Date: _____

The signature below confirms that the Employer/Client does not have the check in their possession. If the lost or misplaced check is found after the stop payment is issued, the original check will be returned to Employers Resource.

Employer/Client Signature _____ Date: _____

Name and Title _____

Return completed form to your payroll contact.