



Check Replacement Form

Reason for replacement:

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Moved
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NOTE: There is a 7 day waiting period between the time the stop payment is placed and a replacement check is issued.

Please call your local office OR the payroll department at corporate 559-579-1332 after you submit this form so that they are notified to process this stop payment form.

Employee Name:		SSN:	
Address:		City, State, Zip:	
Check No.:		Check Amount:	
Check Date:			

Preference when reissuing:

<input type="checkbox"/> Mail replacement check	<input type="checkbox"/> Issue direct deposit (Complete below)	<input type="checkbox"/> Issue on pay card (Contact office for local card)
Bank Routing #		Bank Account #

I verify that I am requesting a stop payment and replacement for the check listed above. If I do receive the replaced check at a later date, I will return it to Hire Up Staffing Services immediately and not cash or deposit it.

I will contact Hire Up after I submit this document to ensure it is being processed.

Employee Signature

Date

Witness Signature

Date

To Be Completed By Payroll Department

Date Received: _____	Date Entered on Payroll: _____	Date Reissued: _____
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