

Check Replacement Form

Reason for replacement:

- Lost
 Destroyed
 Moved

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:

- Mail replacement check
 Issue direct deposit (Complete below)
 Issue on pay card (Contact office for local card)

Bank Routing #:		Bank Account #:	
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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: