



Stop Pay Request

Requires up to a Fifteen Business Day Waiting Period
For Bank to Enter Stop-Payment Order Before
SmartTalent Will Issue a Replacement Check

Date: ____ / ____ / ____ Office #: _____

PLEASE PRINT

Check # _____ Date of Check ____ / ____ / ____ Net Amt. of Check: \$ _____ Assignment # _____

Payable To: _____ S.S.# _____

ADDRESS MUST BE VERIFIED BEFORE THE STOP PAY IS PROCESSED.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SmartTalent REPRESENTATIVE MUST INITIAL HERE TO VERIFY THAT ADDRESS WRITTEN ABOVE IS IDENTICAL TO ADDRESS IN EEMPACT.

I certify that the original check issued to me was: (initial applicable statement and explain)

_____ Lost (Date _____) _____ Never Received in Mail. **(15 Day Wait)**
_____ Stolen (Date _____) _____ Other

Explanation:

READ CAREFULLY BEFORE SIGNING. INITIAL EACH STATEMENT:

_____ By requesting the reissuance of my payroll check, I understand that I am authorizing SmartTalent to request that the bank **stop payment** on the payroll check which was previously issued.

_____ I understand that a replacement check will be issued to me, and that the original check is the property of SmartTalent. In the event the original check is located, I agree to return it to SmartTalent uncashed.

_____ I further understand that anyone, including myself, who attempts to cash the original check pass or attempt to pass a worthless check is committing a crime. I understand that SmartTalent will seek to prosecute to the full extent of the law.

_____ I also understand that if SmartTalent sustains a loss as the result of my negotiation of the check for which I have requested a stop payment order, that the loss will be my responsibility, as will any other costs that SmartTalent incurs in connection with the fraudulent transaction. These costs may include court costs, attorneys' fees, collection fees, bank fees and civil or criminal penalties.

Employee's Signature _____ Date _____

ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of replacement check number _____. I understand that my acceptance and receipt of this replacement check constitutes my promise to abide by the above stated terms and conditions.

Employee's Signature _____ Date _____

Processed by: _____ Payroll Operator Approved by: _____ Branch Office Manager/Payroll Processor