

**UNIVERSITY OF WEST FLORIDA
PAYROLL CHECK STOP PAYMENT REQUEST**

Please complete and return to Payroll in Bldg 20E or mail to 11000 University Pkwy, Attn: Payroll Bldg 20E, Pensacola, FL 32514

Today's Date _____

Check No.: _____

Check Date: _____

Amount: \$ _____

Employee Name: _____

UWF ID#: _____

Contact Information: _____

Reason for stop payment: _____

I understand a replacement check cannot be issued until the bank confirms stop payment on this check. If I cash check number _____ I agree to reimburse the University of West Florida for the amount of the check. If I find check number _____ I agree to return it to the Payroll Office in Bldg 20E.

Employee Name Employee Signature

FOR PAYROLL USE ONLY

Bank of Pensacola Account (Payroll)

Reissue (check appropriate box):

Reissue two (2) Business Days from date bank notified _____

DO NOT REISSUE _____

Special instructions: (use space below):

Check Cleared Bank:	Yes / No	Date Cleared:	_____
Bank notified to stop payment:	_____	Date Notified:	_____
Reissued check number:	_____	Date Reissued:	_____
Reissued check approved by:	_____	Date Approved:	_____