



STOP PAYMENT REQUEST

Employee Information (All fields are required)

I (Last, First, MI) _____ Campus-Wide ID _____

would like to request a Stop Payment on the check dated _____

Please process a replacement check and:

☐ Please mail to Address _____

City _____ State _____ Zip Code _____

☐ Please call for pickup _____

Thank you.

Signature

Date

Employee Instructions

- When completed, please send this form to the Payroll Office – Mail code 4636, or fax to (310) 506-6178.
- We will respond to your request within 48 hours.
- If you have any questions, please call (310) 506-4429, (310) 506-6058, or (310) 506-4636