



VOID/STOP PAY FORM

Client Name: _____

Client Number: _____

Issued To: _____

Employee ID: _____

Check Amount \$ _____ Check # _____

Check Date: _____

Reason for Request:

Stop Pay Fee \$35.00 billed to Employee _____ Client _____

Reissue Check? Yes No

STOP PAYMENT AUTHORIZATION AND APPROVAL

I authorize HROI to issue a Stop Payment Request on the above listed check. I accept full financial responsibility for all Stop Payment Fees and any other service fees imposed by the Financial Institution in carrying out this Stop Payment Request. I understand a replacement check will not be issued until HROI receives "stop payment" confirmation from its Financial Institution. HROI agrees to issue a replacement check prior to this confirmation upon approval and agreement that the Client Company agrees to pay for the replacement with the understanding that the reimbursement for the original check will not take place until the funds have been returned by the financial institution.

I authorize the immediate issue of a replacement check. Yes No

Client Signature _____

***For Use by HROI only

HROI CO# _____ HROI Representative _____