



REQUEST FOR REPLACEMENT CHECK

PAYROLL AUTHORIZATION FORM

Complete your 1) employee information, 2) check information 3) sign and date at the bottom and return this form to your payroll contact.

1) Complete your employee information. (Please Print)

Employee Name _____ Social Security Number XXX - XX - _____

Employer / Client Name _____

2) Check information

The named employee has requested a replacement for:

Check number _____

Dated _____ / _____ / _____

Check amount \$ _____

Reason for request _____

The signature below confirms that the co-employer does not have the check in their possession. If the lost or misplaced check is found after the stop payment is issued, the original check will be returned to Employers Resource.

Employer / Client Signature _____ Date _____ / _____ / _____

Printed Name and Title _____

3) Sign, date, and return the completed authorization form to your payroll contact.

I acknowledge that I do not, or know of any person acting my behalf, have in possession, cashed or deposited, or benefited financially from the lost check identified. I realize there is a 24 hours waiting period from the receipt of this form by Employers Resource to the replacement check being issued. In the event the mentioned check is cashed, I will be responsible for the repayment of the check and any related costs.

Employee Signature _____ Date _____ / _____ / _____