INFINITI
PAYROLL · HR · BENEFITS

STOP PAYMENT FORM

Client Name: _____

Employee Name: _____ SSN *(last 4 digits)* : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Check No: _____

Check Date: _____ Net Pay: _____

I, _____, do hereby state that I am the owner of the above identified payroll check. I further state and affirm that the whereabouts of this payroll check is not known to me. I further state that should the check in question come into my possession, I will immediately make every reasonable effort to return it to the Payroll Department at Infiniti HR.

For Employees Working in CA: Authorized Client Check and Initial Here. ❑ _____
I understand that a $25 stop payment fee will be charged to the client based on CA labor law requirements governing authorizes deductions from employee pay.

For Worksites Outside of CA: Authorized Client Check and Initial Here. ❑ _____
Please Select One: ❑ The $25 stop-payment fee will be charged to the client; or
❑ The $25 stop-payment fee will be charged to the employee and the amount will be deducted from employee's next available paycheck.

Payee Signature: _____ Date: _____

NOTARY AFFIDAVIT

Subscribed and sworn before me on this _____ day of _____ year _____

Notary Signature: _____ Commission expires: _____

Notary Public in and for the County of _____ , _____

DO NOT FILL OUT BELOW LINE – OFFICE USE ONLY

Date transmitted: _____ Date confirmed: _____

Reissue Date: _____ Reissue Check #: _____