



Stop Payment Request Form

No Stop payment will be processed unless authorized by the payee.

Company Name : _____ Client No. _____

Employee Name: _____

Employee Social Security #: _____

Employee Status: Active Terminated

Stop Payment Details

Check #: _____ Check Date: _____ Net Amt: _____

Or

Direct Deposit #: _____ Check Date: _____ Net Amt: _____

Reissue? Yes No

If "Yes:" Reissue Same Amount. If Different Amount, please explain.

Describe the Reason for the Stop Payment:

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

** Please be advised that the stop payment will take two business days to process. Therefore, any re-issues must be done after any stop-payment has been processed and verified. A charge will be assessed for the stop payment, void and re-issue of the check and may be charged to the employer or employee as determined by the employer. Fidelity Quickpay is not responsible for Direct Deposit amounts not returned by employee's banking institution. **