

NEW JERSEY INSTITUTE OF TECHNOLOGY

STOP PAYMENT MEMORANDUM

DATE: _____

THE MEMORANDUM ATTESTS TO THE FACT THAT I DID NOT RECEIVE THE FOLLOWING PAYROLL CHECK.

NAME _____

SS #/NJIT ID # _____

DATE OF CHECK _____ CHECK # _____ AMOUNT _____

THE CHECK WAS: (CIRCLE ONE)

1. Picked up by my department but not given to me.
2. Mailed by my department.
3. Mailed by the Payroll Department.
4. I lost/misplaced the check.
5. Check has passed the expired issued date.
6. Email/letter sent by Payroll Department for expired check.
7. Direct deposit reversal.

I understand that the Payroll Department will place a **STOP PAYMENT** on the check and I must return in person to the Payroll Department to obtain a replacement. I also understand that if I receive the original check in the mail that I will not cash it, but notify Payroll as soon as possible. **And I also understand that I have two weeks to return to the Payroll Office for a replacement check.**

Signature

Phone Number

E-Mail Address

In the event that my missing check was endorsed and cashed, and the endorsement turns out to be forgery, my signature is as above, and I will return to Payroll Department to fill out an **AFFIDAVIT OF FORGERY-MAKER OF ENDORSER** Form to be filed with the respective bank.

FOR OFFICE USE:

DATE OF STOP PAYMENT _____ STOP PLACE BY _____

DATE CHECK WAS CASHED _____ REISSUED DATE _____

COMMENTS:

