



STOP PAYMENT REQUEST

Date: _____

Replacement Check # _____

Name: _____

Check Date: _____

EIN: _____

To Payroll:

Check number _____, payable at the SunTrust Bank, issued to me,
_____ on the date of _____ in the amount of
_____ has been lost in the following manner:

Please check one: **MISPLACED** **NEVER RECEIVED** **STOLEN** **DESTROYED** **OTHER**

(Explanation of "other")

I request that you place a stop payment on the original check and that a replacement check be issued. I understand that this stop payment request nullifies my right to negotiate or cash the original check should its whereabouts come to my knowledge and/or possession.

I further understand that to negotiate or cash the original check may constitute a crime and could subject me to civil and/or criminal prosecution.

I agree to immediately return the original check to the Payroll Office, should it come into my possession. I further agree to reimburse Prince George's County Public Schools for any loss attributed to my negligence and/or failure to follow the conditions of this stop payment request agreement. I further agree that the amount of such loss will be automatically deducted from any earnings due me.

Sincerely,

Signature: _____

Address: _____

Phone: _____

Witness _____