

THE COLLEGE OF NEW JERSEY  
PAYROLL OFFICE  
REQUEST FOR STOP PAYMENT FORM

Date \_\_\_\_\_

I \_\_\_\_\_,  
Please sign and print your name

EmpIID # \_\_\_\_\_, authorize the payroll office at The College of New Jersey to place a stop payment on my payroll check dated \_\_\_\_\_. I understand that this check should be returned to the Payroll Office in the event that it is located.

If known please provide:

Check # \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Pay Period \_\_\_\_\_

Please indicate how you wish to be notified:

Daytime Telephone # \_\_\_\_\_

Mail Check \_\_\_\_\_ Mailed Form \_\_\_\_\_

Pick up Check \_\_\_\_\_

For Payroll Use Only

Authorized to stop \_\_\_\_\_ Date \_\_\_\_\_

Check Stopped \_\_\_\_\_ Date \_\_\_\_\_

Authorized for retype \_\_\_\_\_ Date \_\_\_\_\_

Reissue number \_\_\_\_\_ Date \_\_\_\_\_

System renumber date \_\_\_\_\_