Payroll Check Reissue Request Form

Instructions:

Complete and submit this form to the University of Richmond Payroll Office located in Maryland Hall. Please attach the original check if you still have it in your possession.

Name:_____ **ID #:**_____

Street Address:_____

City: _____ **State:**_____ **Zip Code:**_____

Please issue a replacement check for the following reason:

____ Check was never received

____ Check was lost or damaged

_____Check is stale dated

_____Other: _____

Check Date: _____ **Check Amount:**_____ **Check Number:**_____

I certify that I have not cashed or deposited the check indicated above. I am requesting that the payroll office places a stop payment on this check and that the check be reissued and mailed to me at the address provided on this form. I understand that if I receive or locate the original check, I will not attempt to cash or deposit the check and I will return it to the payroll office.

I currently have active payroll direct deposit _____

Signature:_____ **Date:**_____

For Payroll Use Only

Check verified not cashed_____ Stop Payment Placed_____ Stop Payment Accepted_____

Cancel Issue Placed_____ Cancel Issue Approved _____

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