



**VOID/STOP PAYMENT FORM**

Client # \_\_\_\_\_ Client Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Stop Payment and Void

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Reissue Yes \_\_\_\_\_ No \_\_\_\_\_

Stop Payment Fee of \$35 Billed to Employee\*\*\* \_\_\_\_\_ Client \_\_\_\_\_

\*\*\* If employee billed fee, please have employee sign below.

Client Signature \_\_\_\_\_

\*\*\* Employee Signature \_\_\_\_\_

\*Disclaimer: Please understand that there is a 24-48 hour wait for stop payment verifications. Should you elect to re-issue the funds prior to receiving the stop payment verification, Congruity HR will not be held responsible if the stop payment does not go through.

For Use By Congruity HR Only:

Bank Account: Accountix \_\_\_\_\_ I-Solved \_\_\_\_\_