



VOID CHECK / STOP PAYMENT REQUEST

Client Company Name: _____

Employee Name: _____ SSN: _____

Check Date: _____ Check #: _____ Check Amount: \$ _____

Requested By: _____ Title: _____

VOID CHECK

- Original check must be attached for credit to be issued.
- Write Void across the face of your check.

Reason for voiding check for this employee: _____

STOP PAYMENT REQUEST

- A fee of \$32.50 will be charged to SouthEast by our bank. Please indicate how this fee will be recovered.

- Deduct from Employee's Check
- Bill Client for this charge

Reason for issuing a stop payment order: _____

SPLI USE ONLY

Payroll Tech: _____ Date: _____

Approved By: _____ Title: _____