

FRANKCRUM
STOP PAYMENT REQUEST FORM
(Employee Request)

DATE: _____
CHECK NUMBER: _____
CHECK DATE: _____
CHECK AMOUNT: _____
PAYABLE TO: _____
CLIENT COMPANY NAME: _____
REASON FOR STOP PAYMENT: _____

I authorize the applicable financial institution to stop payment on the check referenced above.

I agree and acknowledge that an administrative charge in the amount of \$30.00 will be taken from the reissued check by FrankCrum for this service.

I hereby acknowledge and agree that if the above-referenced check is subsequently located, I will immediately (i) mark "VOID" across the face of the check and (ii) return it to FrankCrum payroll department. I hereby agree and acknowledge that, if the check has been previously processed by any financial institution, I will pay all amounts owed to the financial institution/ or any business directly including any additional fees charged in connection with this stop-payment request. I hereby release FrankCrum from any liability and agree to indemnify, defend and hold FrankCrum harmless from all claims, actions and liabilities it may incur in connection with processing this request, including but not limited to any attorneys fees and costs.

Agreed and acknowledged:

(Employee Signature)

Print Name: _____
SSN: _____
Date: _____