

REQUEST TO STOP PAYMENT ON PAYROLL CHECK

SUBMITTED BY:

Client Company: _____

Name of Authorized Representative: _____

As an authorized representative of the above listed Client Company, I authorize and instruct Howard Leasing Inc. to stop payment on the following payroll check:

Check Number: _____ Date of Check: _____

Payable to: _____ Amount of Check: \$ _____
(Name of Employee)

A Stop Payment is requested due to the following reason:

- Check is lost Check was stolen
 Dispute with Employee. Explain: _____
 Other: _____

Please check one of the following:

- I will not need a replacement check, please credit my account accordingly.
 A replacement check is needed.

Charge to: (Check one of the following)

- Charge \$35.00 to Employee Charge \$35.00 to Client

I understand that this Request to Stop Payment is subject to approval by Howard Leasing Inc. (HLI) and that HLI cannot guarantee that payment on the check will be stopped. I am also aware that a minimum charge of \$35.00 will be imposed by HLI to offset any bank fees and administrative expenses associated with this Request. If the original check is recovered, I agree to return it immediately to HLI. This Request is not made for any illegal, wrongful, or fraudulent purpose, and I agree to hold harmless and indemnify HLI from any liability incurred related to processing this Request.

Signature: _____ Date: _____

Fax this form to your payroll representative at your processing center