



# Molloy College

## Stop Payment / Payroll Check Replacement Form

Date: \_\_\_\_\_

Affidavit to request replacement of a lost, stolen or damaged payroll check.  
Please note that this process can take up to 10 days.

Name appearing on original check: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Check Information:**

Pay Period End Date: \_\_\_\_\_ Pay Date: \_\_\_\_\_

Gross Check Amount: \_\_\_\_\_ Net Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_ Type of Pay: \_\_\_\_\_

Said Check was:

*(For Accounting)*

Lost     Stolen     Damaged

Open?: \_\_\_\_\_ Stopped: \_\_\_\_\_

Copy attached: \_\_\_\_\_ Replaced: \_\_\_\_\_

Replacement check # \_\_\_\_\_

**Affiant states that:**

1. Said check has not been endorsed or negotiated to a third party.
2. This affidavit is given to induce a replacement check for one originally issued.
3. I further agree to return the check originally issued if it is found or received after this date and a replacement has been issued.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Date