



DELAWARE COUNTY COMMUNITY COLLEGE
STOP PAYMENT/REISSUE PAYROLL CHECK REQUEST FORM

PLEASE PRINT CLEARLY

Payee Name: ID#:

Current Address:

Street

Telephone#:

City

State

Zip

I, being duly sworn according to law, depose and say that I lost/never received the payroll check issued on
in the amount of by Delaware County Community College and that I am requesting
that a stop payment be placed on the above check and reissued to me. A replacement check will be issued upon
receipt of the stop payment order issued from the bank. If I find or receive the original check, I will
immediately forward it to the Delaware County Community College Payroll Office and will not attempt to cash
or negotiate it and will not authorize anyone to cash or negotiate it. I acknowledge having been advised; that if
the original check has been cashed or negotiated or is cashed or negotiated after my signing this Affidavit, that
such action may constitute criminal conduct under the laws of the Commonwealth of Pennsylvania; that I may
be responsible to return the money to Delaware County Community College; that I will be responsible for the
costs of the stop payment and any other charges or expenses incurred as a result of the issuance of the original
check or replacement check; all of which your affinity acknowledges, agrees to and states to the best of his/her
knowledge, information and belief.

Employee's Signature (Payee) Date

Witness Date

Check One Please hold reissued check for pick up in the Payroll Office
Please mail to address listed above

Payroll Use Only:

Check # Date of Check Check Amt

Pay ID Pay No.

Date bank notified/confirmation of stop pay:

Date check reissued:

Completed by: