



**Void Check Request**

Employee:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

I attest that I have not received my paycheck for weekending \_\_/\_\_/\_\_\_\_. I am requesting that a stop payment be made for this check and the check be re-issued. I guarantee that if I receive said check I will not cash it and will return it immediately to the Integrated Staffing Corporation offices.

Integrated Staffing offers direct deposit and pay card options. I understand that if I opted not to receive either of the pay options and a check was mailed that I did not receive, I will incur the \$30 stop payment fee. I understand if I received a check and did not cash it within 90 days and would like it reissued, I will incur the \$30 stop payment fee.

Signature \_\_\_\_\_

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

Completed By: \_\_\_\_\_

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