



**PAYROLL DEPARTMENT
AUTHORIZATION AGREEMENT FOR STOP PAYMENT**

This form will be used to authorize Pace University to process a stop payment request at our financial institution for any check issued to you which has **not** been cashed.

Processing Time: Replacement for stop payments usually takes **3-5 business days** from the date of the request. There are certain "black-out dates" that stop payment will not be processed. When the completed stop payment request is received, our office will place a stop payment immediately at the bank to avoid any issues.

THIS FORM IS NOT USED TO REQUEST A REISSUANCE OF A STALE DATED CHECK. Please contact the Payroll Department directly if you need additional information on the process.

Instructions to complete this form:

- 1.) Ensure entire form is complete, then sign and date. **(Your Stop payment request will NOT be processed if all fields are not completed)**
- 2.) Return form directly to the Payroll Department: Email: payroll@pace.edu or Fax: 914-989-8135.

Note: To obtain the Check #, date and amount for the Payroll check to be stopped, please access [Employee self-service > Staff Tab > Employee Information and Pay Advice](#), then > [Select Pay Advice](#). **A CHECK # IS REQUIRED TO PROCESS THE STOP PAYMENT.**

I am the payee of the Check #: _____ dated: _____ and issued by **PACE UNIVERSITY** against Bank of America in the amount of: \$ _____.

Reason for stop payment request: I am requesting that you issue a replacement check for the following reason.

- Check was never received by me.
- Check was received by me but subsequently lost.
- I sent the check to my bank _____ where it was subsequently lost.
Please print your Bank Name
- Check was inadvertently mutilated.
- Other – explain: _____
 - In the event the original check has been cashed or will be cashed, I agree to assist the University in seeking to recover these funds by signing an Affidavit of Forgery, or such other document as may be necessary to recover the proceeds of the check.
 - If I am the recipient of funds from both the original and the replacement check(s), I authorize Pace University to make a one-time deduction from any available monies due me, including future earnings, of the amount improperly received.

EMPLOYEE PHONE # (required)

PRINT NAME

SIGNATURE: This form will be used to authorize Pace University to process a stop payment request at Pace University for any check issued to you which has not been cashed.

-----FOR PAYROLL USE ONLY-----
Stop payment date: _____
Stop payment placed by: _____

ADDRESS 1

ADDRESS 2

Banner U ID # (required)

Phone #: (914) 923-2898
Email: payroll@pace.edu

Fax #: (914) 923-2681 OR (914) 989-8135
Address: 100 Summit Lake Drive, 3rd Fl., Valhalla NY 10595