THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

Stop Payment Notice

(Revised 02/11/04)

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
Check Replacement Unit
One Centre Street, Room 200N
New York, NY 10007

Fax completed form to:
(212) 669-8405

EMPLOYEE IDENTIFICATION

(PLEASE PRINT)

PAYEE NAME

FIRST | M.I. | LAST

PAYROLL # | SOCIAL SECURITY NUMBER | CD | JSN

CHECK ID: LTR | CHECK NUMBER | NET PAY $ | CHECK DATE: MONTH / DAY / YEAR

ANSWER ALL QUESTIONS

1) DID PAYEE RECEIVE THE CHECK? ☐ YES ☐ NO

1a) IF YES, WAS THE CHECK ENDORSED? ☐ YES ☐ NO

2) WAS CHECK LOST WITHIN THE AGENCY? ☐ YES ☐ NO (Complete Section 1)

3) IS PAYEE ENTITLED TO A REPLACEMENT CHECK? ☐ YES ☐ NO

3a) IF YES, CHOOSE ONE ☐ RETURN TO PAYEE (Complete Section 3) ☐ RETURN TO AGENCY (Complete Section 2)

3b) IF NO, CHOOSE ONE ☐ RETURN TO AGENCY (Complete Section 2) ☐ CANCEL, PDN ATTACHED *

**The replacement check and the attached Payroll Deduction Notice (PDN) will be forwarded to OPA's Authorization and Adjustment Unit for a manual refund.*
***Required for replacement purposes.*

SECTION 1:

CHECK LOST WITHIN AGENCY**

If check was lost within your agency, describe the circumstances of loss in this section. You must notify your Inspector General's office immediately in writing with a copy to be attached and sent to OPA.

CIRCUMSTANCES OF LOSS: _____

SECTION 2:

REPLACEMENT CHECK RETURNED TO AGENCY**

If replacement check must be returned to the agency, describe the circumstances in this section.

CIRCUMSTANCES: _____

SECTION 3:

CLAIM OF LOST CHECK

(NOTARIZATION REQUIRED - ORIGINAL MUST BE SUBMITTED TO OPA)

I have not sold, assigned or transferred said check, or amount due thereon, to any person or party whatsoever. I have not received cash or other consideration for said check and am still the sole owner of and entitled to receive the full amount thereof.

I make this affidavit to induce the issuance to me of a duplicate check to take the place of, and in the same amount as, the missing one; should said missing check, at any time, come into my hands, I will not attempt to cash or deposit said check and will immediately deliver it to the Assistant Director, Payroll Customer Service Division, Office of Payroll Administration.

Sworn to before me this _____

day of _____ , 20_____

NOTARY STAMP

NOTARY SIGNATURE

EMPLOYEE SIGNATURE

AGENCY SECTION

AGENCY NAME	DIST.#
REPORTED BY	DoE ONLY FILE #
DEPARTMENT HEAD SIGNATURE	TEL.# ___ – ___ – ___ MONTH / DAY / YEAR

ADDRESS TO SEND REPLACEMENT CHECK

STREET ADDRESS

STREET ADDRESS CONTINUATION

BOROUGH / CITY / TOWN | **STATE** | **ZIP CODE + 4** ___ – ___

FOR OPA USE ONLY

DATE STOP PROCESSED MONTH / DAY / YEAR	STOP #	STOP PROCESSED BY
DATE CLAIM SENT MONTH / DAY / YEAR	DATE REPLACEMENT ISSUED MONTH / DAY / YEAR	REPLACEMENT CHECK #
REPLACEMENT APPROVED BY SUPERVISOR CHECK REPLACEMENT UNIT, SIGNATURE	APPROVE/ISSUE DUPLICATE CHECK ASSISTANT DIRECTOR, PAYROLL CUSTOMER SERVICE DIVISION, SIGNATURE	