

Employee-Initiated Stop Payment Request Form

Employee Information

Full Name

Employee ID/Number

Department

Contact Number or Email

Payment Details

Payment Type

 Select

Payment Date

Amount

Check/Reference Number (if applicable)

Reason for Stop Payment

Describe the reason for your request...

Employee Signature

Signature

Date

Important Notes:

- Ensure all information provided is complete and accurate.
- This form must be reviewed and authorized by your department before processing.
- Submission of this form does not guarantee the payment will be stopped if it has already been processed.
- Additional documentation may be requested as necessary.
- Contact your Payroll or Finance department for assistance or status updates.