

Payroll Cheque Stop Payment Authorization

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Cheque Details

Cheque Number: _____

Cheque Date: _____

Amount: _____

Bank Name: _____

Reason for Stop Payment

Reason: _____

Employee Signature: _____

Date: _____

HR/Payroll Authorized Signature: _____

Date: _____

Important Notes:

- This authorization must be signed by both the employee and an authorized HR/Payroll representative.
- Providing accurate cheque information is necessary for processing the stop payment.
- Issuance of a replacement cheque is subject to verification and company policies.
- False or fraudulent requests may result in disciplinary action.
- Retain a copy of this document for your records.