

# 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.