

# Request for replacement of previously issued payroll check

**Please note:**

Check replacement requests will be accepted five business days after original check issuance date to allow for delays in delivery. A \$7.00 fee will be deducted from the replacement.

**Payee Information**

Employee Name: \_\_\_\_\_

Last 4 digits of SS # \_\_\_\_\_

Name of Client Company \_\_\_\_\_

**Original Check information (if known)**

Pay date: \_\_\_\_\_

Period end: \_\_\_\_\_

Reason for replacement \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_