



**LOST CHECK INFORMATION**

Client Number:
Client Name:
Check Made Payable to:
Check Number:
Check Date:
Check Amount:
Original check missing due to: <input type="radio"/> Employee Lost <input type="radio"/> Washed/No Pieces <input type="radio"/> Thrown Away <input type="radio"/> Shredded <input type="radio"/> Stolen <input type="radio"/> Other (please describe): _____

**RE-ISSUE AUTHORIZATION**

I hereby request and authorize Worksite Employee Leasing to issue a replacement check immediately for this lost check. I understand that by requesting this replacement check, I will be held liable for full payment of both the lost check and the replacement check should the lost check be presented for payment at any time. I understand that I can request a stop payment for a fee of \$35 but that if I choose to place a stop payment, the check may still be cashed, and I will be held liable for the funds lost.

Please check one:

- Request for Re-issue Without Placing Stop Payment
- Request for Re-issue With Stop Payment and \$35 Fee
  - Charge Client \$35 Fee                       Charge Employee \$35 Fee

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above, I am agreeing that I understand the terms and conditions associated with placing a stop payment and/or re-issuing a replacement check.*

**WELCO USE ONLY**

Date of Stop Payment:
Approved By:
Delivery Method:
Re-issued Check Date:
Re-issued Check Number: