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LOST/STOLEN CHECK REPORT FORM

Employee Name	Company
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Note: This form is designed for the employee to report a lost or stolen payroll check. Please have the employee fill in the pay period for which the check was issued and the amount and check number from your in-house summary report. This form must be signed by the employee.

CHECK DATE	CHECK NUMBER	CHECK AMOUNT

"I am reporting a lost / stolen payroll check referenced above. I understand that the lost check is my responsibility. However, I request that *Pay Plus Benefits, Inc.* stop payment of that check and re-issue me another payroll check. I understand that any current charges by the bank for the stop payment order may be deducted from the re-issued check.

I understand that if the check has cleared the bank, a replacement check will not be issued. I also understand that a request of stop payment DOES NOT GUARANTEE that the check will not clear the bank. In the event that the check does clear the bank, even with the stop payment order in place, I understand that the amount of the cleared check will be withheld from my next paycheck and/or I will be responsible for repayment to *Pay Plus Benefits, Inc.*"

In your own words, briefly explain the circumstances of losing your paycheck:

DATE: _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR _____

SIGNATURE/WITNESS: _____

Office Use Only
Date of Stop Payment: _____
Date of Replacement Check: _____
Replacement Check Number: _____