



1110 N. Center Pkwy. Suite B
 Kennewick, WA 99336
 Phone: (509) 735-1143
 Toll Free: (888) 531-5781
 Fax To: (509) 735-7668

LOST/STOLEN CHECK REPORT

Employee Name

Company

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 as 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: _____

PPB Office Use Only

Date of Stop Payment: _____

Date of Replacement Check: _____

Replacement Check Number: _____