

**The George Washington University**  
**Paycheck Stop Payment Authorization**  
(Please Print or Type)

1. I authorize the George Washington University to stop payment on the original paycheck issued to me on \_\_\_\_\_ (check date) which I have not cashed or deposited because \_\_\_\_\_  
\_\_\_\_\_  
(reason)

2. EMPLOYEE NAME: \_\_\_\_\_ GW Id # \_\_\_\_\_

EMPLOYEE CONTACT INFORMATION: \_\_\_\_\_ (home)  
\_\_\_\_\_ (office)  
\_\_\_\_\_ (email)

3. EMPLOYEE ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I request that a replacement check be drawn and (check one) \_\_\_\_\_ held for pickup  
\_\_\_\_\_ mailed

5. I understand that a replacement check will be drawn **AFTER** the University receives confirmation from the bank that the original check has not been cashed.

In the event that I locate the original check, I will return the check to :

**Payroll Services**  
**801 22<sup>nd</sup> Street, N.W., Ste. T-101**  
**Washington, DC 20036**

6. CHECK # \_\_\_\_\_ CHECK DATE \_\_\_\_\_

7. NET AMOUNT \$ \_\_\_\_\_

8. PAYEE/AUTHORIZED SIGNATURE \_\_\_\_\_ \*\*DATE \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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General Funds 01 09 001 923      Check # \_\_\_\_\_ Stop ID # \_\_\_\_\_  
Payroll            08 679 070            Check # \_\_\_\_\_ Stop ID # \_\_\_\_\_

Date Processed \_\_\_\_\_ Date Confirmed \_\_\_\_\_