

Priority Building Services, LLC

STOP PAYMENT REQUEST AFFIDAVIT OF LOST CHECK

BANK NAME _____ ACCOUNT NUMBER _____

PLEASE STOP PAYMENT/CANCEL CHECK # _____ DATED

IN THE AMOUNT OF \$ _____ PAYABLE TO

REASON FOR CHECK REPLACEMENT

PLEASE INITIAL BELOW:

_____ I AGREE TO WAIT 7 DAYS FOR REPLACEMENT CHECK TO ARRIVE

_____ STOP PAYMENT FEE: \$ 35.00

IF I RECEIVE THIS CHECK AFTER THE STOP PAYMENT IS PLACED, I AGREE TO RETURN IT TO TS EMPLOYMENT INC.

I UNDERSTAND THAT IF I CASH THIS CHECK AFTER IT IS STOPPED/CANCELLED, THE CHECK WILL BE RETURNED AND I WILL BE RESPONSILBE FOR ALL RETURNED CHECK CHARGES.

EMPLOYEE SIGNATURE

SOCIAL SECURITY NUMBER

DATE

AUTHORIZED REP (PRINT NAME)

AUTHORIZED SIGNATURE

DATE

OFFICE USE ONLY

REPLACEMENT CHECK INFORMATION:

CHECK # _____

DATED _____

AMOUNT

\$ _____