

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: _____ (cell phone)
_____ (office number)
_____ (e-mail)

3. Employee W4 address: _____

4. I request that a replacement check be drawn and (check one) Direct deposit *
 Mailed

**If you choose direct deposit, please go on banweb.gwu.edu and verify the correct information is on file or you can set up direct deposit for this and future payments.*

5. I understand that the payment will be reissued **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
44983 Knoll Square, Suite 391
Ashburn, VA 20147**

6. Check # _____ Check date _____

7. Net amount _____

8. Payee signature _____ Date _____

9. Printed name _____

DO NOT WRITE BELOW THIS LINE

Check # _____ Stop ID # _____

Date Processed _____ Date Confirmed _____