MONTGOMERY COLLEGE
OFFICE OF CHIEF BUSINESS OFFICER

SUBJECT: REQUEST FOR ISSUE OF REPLACEMENT PAYROLL CHECK

FROM: _____ ADDRESS: _____

EMPLOYEE M #: _____ DATE: _____

I certify that I have not received check number_____ dated_____ in the amount of

$_____, issued by Montgomery College for _payroll_. I request that Montgomery College stop payment

on the above check and issue me another check in the net amount of $_____ Replacing check number

_____ dated _____.

IN REQUESTING MONTGOMERY COLLEGE TO ISSUE THIS REPLACEMENT CHECK, THE UNDERSIGNED

AGRESS TO HOLD MONTGOMERY COLLEGE HARMLESS FOR LOSSES, COSTS, AND EXPENSES IN EVENT

CHECK NUMBER _____ IS PRESENTED FOR PAYMENT AT THE BANK ON WHICH DRAWN BY ME OR

ANYONE ELSE AND BEARING MY PERSONAL ENDORSEMENT, WITH OR WITHOUT RECOURSE.

I further agree that if I do find or receive check number _____, I will immediately return check to Montgomery College,

 Office of Business Services, 900 Hungerford Drive. Room 225, Rockville, MD 20850.
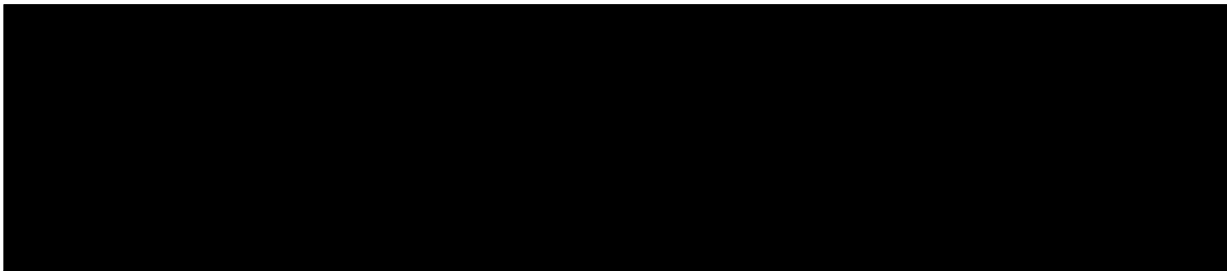

SIGNED: _____   DATE: _____

DO NOT WRITE IN THIS AREA. FOR OFFICE USE ONLY

ACTION TAKEN BY STOP PAYMENT PROCESSOR:

☐ Stop Payment Placed with bank on _____ by _____

☐ Stop Payment Confirmed with Bank on _____ by _____

☐ Completed Form to _____ for processing as noted below:

☐ Stop Payment Released at Bank on _____ by _____

IF THIS BLOCK IS CHECKED NO ADDITIONAL ACTION REQUIRED

REVISED 2011