Payroll Check Replacement Request Form

Request Date: _____ M#: _____

Employee Name: _____

Street Address: _____

City, State, Zip: _____

NOTE: If this is a new address, please log into Workday and update your Personal Information BEFORE submitting this request.

Missing Check Details (if applicable)

A live check was mailed to my home address on file, and has not arrived for ten (10) delivery days.

- Missing Check #: _____
- Check Net Amount: _____
- PPE Date: _____
- Check Date: _____

Request Type

☐ **Replacement Payroll Check by Check** – Please process a replacement check.

By requesting a replacement check, I agree to hold Montgomery College harmless for losses, costs, and expenses in the event that the undelivered or misplaced check listed above is presented for payment at the bank on which it is drawn by me or anyone else and bearing my personal endorsement, with or without recourse.

If I do receive or find the check number listed above, I will immediately return it to: **Montgomery College, Attn: HRSTM/Payroll, 9221 Corporate Blvd., Rockville, MD 20850**.

☐ **Replacement Payroll Check by Direct Deposit** – Please process the replacement for the check listed above as a direct deposit (**Payment Elections must already reflect direct deposit at the time of the replacement request**).

_____ _____

Employee Signature Date

DO NOT WRITE BELOW THIS LINE – HRSTM/OBS USE ONLY

Stop payment placed/confirmed with bank on _____ by _____
Check Type: _____ Action: _____ Date: _____ Initials: _____
Stop payment released at bank on _____ by _____