MC MONTGOMERY COLLEGE

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, HRSTM – PAYROLL 9221 Corporate Dr. Rockville, MD 20850

SIGNED:_____

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**

CHECK TYPE:	ACTION:	DATE:	INITIALS:
SIS	**Post to Student's Acct.** _____ _____		
PAYROLL Request Payroll Reissue -------------------------------------- ------			
VENDOR	Request A/P Reissue -------------------------------------- ---------------------		

☐ **Stop Payment Released at Bank on** _____ **by** _____

IF THIS BLOCK IS CHECKED NO ADDITIONAL ACTION REQUIRED