



**To:** Gary C. Johnson, Payroll Manager

**From:**

**Date:**

**Subject:** Stop Payment

I hereby authorize the Office of Payroll Administration to place a stop payment on my paycheck as noted below:

Date of Check: \_\_\_\_\_

Payee: \_\_\_\_\_

Net Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

Payee's SS #: \_\_\_\_\_

**\*A \$25.00 fee will be assessed and deducted on the replacement check for all "stale" dated checks.**

I understand that once the stop payment has been placed, a replacement check will be issued. If the original check is located, I will return the check to:

Tulane University  
WFMO  
200 Broadway St., Suite 218  
New Orleans, La 70118

Payee's Signature: \_\_\_\_\_

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*Office Use Only:*

*Frequency:* \_\_\_\_\_ *Check #:* \_\_\_\_\_ *Replacement Check #:* \_\_\_\_\_