



LOST CHECK INFORMATION

Client Number:
Client Name:
Check Made Payable to:
Check Number:
Check Date:
Check Amount:
Original check missing due to: <input type="radio"/> Employee Lost <input type="radio"/> Washed/No Pieces <input type="radio"/> Thrown Away <input type="radio"/> Shredded <input type="radio"/> Stolen <input type="radio"/> Other (please describe): _____

RE-ISSUE AUTHORIZATION

I hereby request and authorize Worksite, LLC to issue a replacement check for this lost check immediately. I understand that by requesting this replacement check, I will be held liable for full payment of both the lost check and the replacement check should the lost check be presented for payment at any time. I understand that I can request a stop payment for a fee of \$35 but that if I choose to place a stop payment, the check may still be cashed, and I will be held liable for the funds lost.

Please check one:

Re-issue without placing stop payment
 Re-issue with stop payment and \$35 fee
 Charge Client \$35 fee Charge Employee \$35 fee

Authorized Signature: _____ **Date:** _____

By signing above, I am agreeing that I understand the terms and conditions associated with placing a stop payment and/or re-issuing a replacement check.

WORKSITE USE ONLY

Date of Stop Payment:
Approved By:
Delivery Method:
Re-issued Check Date:
Re-issued Check Number: