

Client Name _____ Client Number _____

I hereby certify that I have not cashed the SPA payroll *check number* _____
 that I received on (date) _____ for the following reason:

Lost Check Stolen Check Mutilated or Destroyed Check Other Reason

(Explain) _____

I further request that such check be voided and another issued in its place. I agree that if the original check is recovered, I will not attempt to cash it and will return the check to SPA.

I understand that it will take three (3) banking days from the day this waiver is received by SPA to reissue the new check.

Employee Name _____ SS# _____ - _____ - _____

Employee Signature _____ Date _____

Payroll Specialist _____ Ext. _____ Date _____

SPA Use Only Below This Line

Return Check To: _____
 Address _____
 Method of Delivery _____

Reissue To: _____

Invoice # _____ Payroll # _____ Payroll Date _____

Check # _____ Bank _____ Amount \$ _____

Approved by _____ Reissued Check # _____ Date _____

Date _____

ATTACH CHECK STUB

Vendor _____

G/L Period _____

Account _____

Approval _____