



CHECK REPLACEMENT REQUEST FORM

TO: EMORY UNIVERSITY
PAYROLL OFFICE
1599 CLIFTON RD., 2ND FL
ATLANTA, GA 30322
PHONE: (404) 727-6100

FAX TO: (404) 727-5280

THE FOLLOWING INFORMATION MUST BE COMPLETELY FILLED OUT OR WE WILL NOT BE ABLE TO PROCESS THE REQUEST

NAME _____

EMORY ID# OR SOCIAL SECURITY NUMBER _____

DATE OF CHECK _____

CHECK NUMBER _____

AMOUNT _____

*** A STOP PAYMENT WILL BE PLACED ON THE ORIGINAL CHECK ONCE THIS FORM IS RECEIVED, IF YOU LOCATE THE CHECK PLEASE NOTIFY THE PAYROLL OFFICE IMMEDIATELY. ***

REASON FOR REPLACEMENT: (Select one)

- _____ CHECK NEVER RECEIVED
- _____ CHECK LOST
- _____ CHECK DESTROYED
- _____ CHECK STOLEN
- _____ CHECK OUTDATED (send in original check with form)

SEND REPLACEMENT CHECK TO: (attach a photocopy of your identification to the form for verification purposes)

OR

_____ CHECK WILL BE PICKED UP FROM PAYROLL DEPARTMENT

EMPLOYEE'S SIGNATURE

DATE

PHONE NUMBER

PAYROLL USE ONLY:

STOP PAYMENT DATE _____ REPLACEMENT CHECK # _____

DATE _____

PROCESSED BY _____

APPROVED BY _____