

Northwest Staffing Resources, Inc. Replacement Check Request Form

Employee Information

Employee Name - Please Print

Employee Social Security Number

Employee Number

Branch

By signing this form, I authorize Northwest Staffing Resources to process a stop payment and reissue a replacement check. I understand that if I locate the missing check I will return it to Northwest Staffing Resources immediately. If both the original and replacement check are cashed, I agree to reimburse the company for the amount of the check(s) plus all attorney's fees that may be incurred.

Employee Signature

Date

Check Information

Original Check Number

Check Date

Net Check Amount

Reason for Request

Staff Requesting Replacement and Date

Manager Approval and Date

Indicate Special Mailing/Printing Instructions Here

All replacements mailed from corporate unless otherwise requested.

Payroll Use Only

Request Received

Stop Payment Through SP and Date

Check Reissued in TW

Reissued Check Number and Date