



The Smart Way to Pay™

TRUST ACCOUNT STOP PAYMENT REQUEST

Client ID: _____ Client Name: _____ ("Client")

Please issue a Stop Payment for the following check:

Check Number: _____

Amount: \$ _____.

Issue Date: _____

Payable to: _____

Client Account to Return Funds:

Name of Bank: _____

Transit Routing #: _____

Account #: _____

Reason for stop payment: _____

I certify that the above check has been either lost or destroyed and request that Inova Payroll, Inc. issue a Stop Payment. I understand that, should this check be presented for payment at any time, Client will be responsible for payment of the full face value of the check, regardless of this Stop Payment request. Client will be liable for all litigation expense and Holder in Due Course judgments. A stop payment fee will be charged on your next invoice.

Signature _____ Date _____

Authorized by _____ Title _____

(Please print)

For Internal Use Only

Stop Pay Completed by _____ Date _____

Funds Return Completed by _____ Date _____

Billing Completed by _____ Date _____ \$ _____

**** When complete, attach bank confirmation email and ACH report - put in Client folder ****

*Nashville Office
176 Thompson Ln, Ste. 204
Nashville, TN 37211
P: (615) 921-0600 x2
F: (615) 921-0698*

*Chattanooga Office
5270 Skurlock Rd., 6500 Bldg.
Chattanooga, TN 37411
P: (423) 499-5478
F: (423) 499-9092*

*Knoxville Office
8880 Cedar Springs Ln. #106
Knoxville, TN 37923
P: (865) 769-8112
F: (865) 690-9771*

*Lancaster Office
P. O. Box 10996
Lancaster, PA 17605-0996
P: (800) 943-6446
F: (717) 390-8509*

Form 03012014-015 | ©2014 Inova Payroll, Inc.