



NOVA SOUTHEASTERN UNIVERSITY

REQUEST FOR STOP PAYMENT FORM

PAYROLL OFFICE

Date of Request: _____

Employee's name: _____

Employee's NSU ID#: _____

Employee's Home Address: _____

Employee's Department: _____

Employee's Phone or Extention: _____

Reason for Stop Payment:

Date of Original Check: _____

You MUST include a copy of picture ID in order for payroll to process this request.

I authorize the NSU Payroll Department to place a stop payment on the above check. I attest that I have not, nor will I, cash the check I am requesting the stop payment on.

Employee's Signature

Date

Email to Payroll@nova.edu or Fax completed form to (954) 262-3997 or call (954) 262-7887 with questions.