

Employee Certification for Stop Payment

Name _____ Employee Id # _____
Please Print

Current Address: _____

Mailing Address: _____

Daytime Phone: _____ Campus _____

To Be Filled Out by the Project Director

Pay Period: _____ Pay date of missing check: _____

Net Amount of Check: _____ Check #: _____

Project Director's Signature _____ Date

Print Name _____ Phone

I certify that:

1. I have not received the check issued to me or I have received the check, but it has subsequently been lost.
2. I have not received any part of the proceeds of the check.
3. I will appear and provide testimony in a court of law in support of this document, if necessary, to enable the Research Foundation to recover any funds paid on the lost or stolen check.
4. In the event that I receive or find the check, I will return it to the Finance Department at the Research Foundation of CUNY at 230 West 41st Street, New York, NY 10036.

I further certify that this form has been completed by me voluntarily, for the purpose of inducing the Research Foundation of the City University of New York to re-issue the check payable to me.

Employee Signature

Date