***1st*** Choice In Home Care Services

9647 Lackland Rd.

St. Louis, MO 63114

(314) 438-0811

**Request to Replace Payroll Check**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check to be replaced (pay date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Replacement fee $35***

I authorize 1st Choice In Home Care Services to stop payment on the payroll check dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize 1st Choice In Home Care Services to deduct the replacement fee of $35 from my reissued payroll check to cover the cost of the stop payment. I understand that if the original check is cashed, 1st Choice In Home Care Services will not issue a replacement check. I understand that it may take up to 16 days for me to receive the re-issued funds, to allow time for the stop payment and to ensure that the original check has not been cashed/deposited.

I have been notified that 1st Choice In Home Care Services does provide direct deposit for payroll checks into a personal bank account or prepaid debit card.

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 Printed Name Signature Date