

STOP PAYMENT AUTHORIZATION FORM
HCM Cardinal Payroll Checks
Department of the Treasury - ISSUED CHECK SERVICES
Effective October 4, 2021

****FORM MUST BE TYPED****

CONTACT TREASURY VIA EMAIL AT CHECKKIT@TRS.VIRGINIA.GOV TO VERIFY STATUS OF CHECK PRIOR TO REQUESTING THE STOP

Issued Check Services Contacts: If you need to contact an Issued Check Services staff member please email STOP.PAYMENTS@TRS.VIRGINIA.GOV with "Stop Payment" in the subject line.

Stop Payment Request Forms are Emailed to: STOP.PAYMENTS@TRS.VIRGINIA.GOV

Replacement checks are issued by the agency requesting the stop payment-see CAPP manual topic 20910, pg 11

Stop Requested By: _____ Date: _____
Agency Name: _____
Agency Address: _____ Agency #: _____
Phone No.: _____
Email address: _____

Complete this section for HCM PAYROLL ONLY

CHECK NO: _____ DATE: _____ AMOUNT: _____

PAYEE: _____

REASON FOR REQUEST: Never Lost Destroyed Stolen
Received Incorrect Payee Incorrect Payee Address Due Diligence

FISCAL OFFICER/Designee/ APPROVAL: Print Name: _____

*Signature _____ FISCAL OFFICER'S PHONE #: _____

*Original or Digital Signature must be on the Stop Payment Authorization Form filed at Treasury. This form is on Treasury's home page, www.trsvirginia.gov under About Us - Forms if you need to update the one currently on file.