

FOR PAYROLL USE ONLY			
CHECK NO:	_____	RPLMT CHECK NO:	_____
CHECK AMT:	_____	RPLMT DATE:	_____
CHECK DATE:	_____	RPLMT BY:	_____



Penn

Payroll Department

310 Franklin Building
 3451 Walnut Street
 Philadelphia, Pa. 19104-6284
 215-898-6301 (Phone)
 215-573-2554 (Fax)

***** STOP PAYMENT REQUEST *****

To Whom It May Concern:

I wish to cancel my (weekly/monthly) check in the amount of \$ _____ ,
circle one
 dated _____ , for the following reason _____

Please issue a replacement check and contact me

- At the following e-mail address
 E-mail Address: _____
- Or mail the check to my home address listed below
 Home Address: _____

_____	_____	
(Print name)	(Social security number)	
_____	_____	_____
(Signature)	(Today's date)	(Phone)