



Paycheck Stop Payment Form

Phone: (866) 984-6105
26133 US Highway 19 N Suite 308
Clearwater, FL 33763

Please complete the information below to ensure that Aspen HR will be able to place a stop payment on the check(s) indicated below. A stop payment fee of \$30 may be assessed may be debited from your payment at the time that this request is processed. Please allow up to three business days, for AspenHR to process this request. Once this form has been completed, please send this form to support@aspenhr.com (subject Line: CHECK STOP PAYMENT PAYMENT FORM).

Date of Request: _____ Payee Name: _____

Reason for Stop Payment: _____

Check Number: _____

Amount of Check: _____

Payable to (optional): _____

Please reissue the payment in a form of a Check ACH transaction

ACH Information:

Name of Bank _____

Routing Number _____ Bank Account Number _____

I understand that the stop payment is valid for 180 days (6 months) and that a \$30 fee may be debited from my account upon receipt of this request. I authorize HRe Solutions, LLC to initiate credit/debit entries to the account listed above for the purposes of expense and/or payroll.

Payee Signature: _____ Date _____