



## PAODP Stop Payment Request

Complete one form per check on which you would like to issue a stop payment. Please complete all the information available to you. If you are providing an estimate (e.g., estimated payment amount or expected check date), please indicate that below.

REQUIRED INFORMATION	
Full Name	ID
Check Number	Check Date
Check Amount	Pay Period

By signing below, I authorize Palco, Inc. to place a stop payment on the above referenced check. In addition, I request that Palco reissue the check in the following manner:

- Direct Deposit.** Please find my completed Direct Deposit Authorization attached to this request. By choosing this option, no reissuance fee will be charged, and my payment will be reissued within 24 hours of Palco's receipt of this form. Please allow 48 hours to receive the reissued payment.
  
- Paper Check.** I have verified with Palco that my mailing address on file is accurate. By choosing this option, I understand my payment will be reissued within three business day of Palco's receipt of this form. Please allow one week to receive the reissued check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.**