



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 Accenture/Conduent that my mailing address on file is accurate. 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 Conduent via email, fax or mail. Email: docprocessing@conduent.com
 Fax: 866-302-6787
 Mail: PO Box 27460 Albuquerque, NM 87125-7460***