

Pratt Institute

Stop Payment/Stale Dated Check Replacement Request

****ADP's electronic version of your pay statements is available at ipay.adp.com. Please fill out each section clearly and legibly. Incorrect information will delay processing.**

Last Name: _____ **First Name:** _____

Pratt ID Number _____

____ Staff/Administrative ____ Continuing Education ____ Facilities/Security
____ Part Time Faculty ____ Full Time Faculty ____ Student Employment

Check Date: ____/____/____ **Check Number:** _____

Gross Amount: _____ **Net Amount:** _____

Reason for Stop Payment Request:

Current Mailing Address:

Pratt Email Address: _____

Phone Number: (____) ____ - _____

Employee Signature: _____ **Date:** ____/____/____