



## *Lost/Replacement Check Fee Authorization Form*

Property Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
(Please Print Name)

**PLEASE INDICATE YOUR DEDUCTION CHOICE OR CHOICES BELOW BY  
INITIALING ONE OR BOTH SECTIONS:**

\_\_\_\_\_ I hereby authorize Island Hospitality to deduct \$25.00 from my payroll check for the cost of placing a stop payment on a previously issued payroll check that I have lost or damaged.

\_\_\_\_\_ I hereby authorize Island Hospitality to deduct \$25.00 from my payroll check for the issuance of manual replacement check. I understand that this fee covers the administrative replacement cost of the generating the manual check and the overnight delivery expenses incurred of such check to my work location. If I choose to decline this option, my replacement check will be issued with the next upcoming pay cycle and sent to me with the regular payroll delivery to my work location.

I understand that the \$25.00 fee is applicable for each stop payment request and for each lost or replacement check that I am requesting.

Employee Signature    Date

Manager Signature    Date

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