

# NortheastArc

Lifelong support for people with disabilities

## STOP PAYMENT REQUEST

Consumer Name: \_\_\_\_\_ Consumer Number: \_\_\_\_\_

Requested by:  Surrogate  Consumer Phone Number: \_\_\_\_\_

Current address for delivery of PCA checks:

\_\_\_\_\_ PCA Name: \_\_\_\_\_

\_\_\_\_\_ Payroll Period: \_\_\_\_\_

\_\_\_\_\_ Check Number: \_\_\_\_\_

Reason for stop payment (Select only one):

- Check never received
- Check accidentally destroyed
- Check was stolen
- Check was lost/ misplaced
- Other: \_\_\_\_\_

***I UNDERSTAND THAT IF THIS CHECK IS CASHED BY MY PCA I WILL BE LIABLE FOR FULL REINBURSMENT OF THE SUM PAID AND ANY EXPENSES INCURED.***

Consumer/ Surrogate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward completed form to:

Northeast Arc- FI: 6 Southside Road, Danvers, MA 01923 Or Fax to: 978-750-3639

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<<<<FOR FI USE ONLY>>>>

Before Reissue and Stop the check:

FI Staff who place follow-up call: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Delivery address is correct?  YES  NO Action taken: Corrected in Citrix  YES  NO

Date of Void and Reissue: \_\_\_\_\_ (For Payroll use only)

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*Dear consumer/surrogate:*

*Per your request above, enclose here with is a replacement check# \_\_\_\_\_. The original check# \_\_\_\_\_ has been voided; please **DO NOT** cash the voided check, Northeast Arc will not be responsible for any bank fees charged.*

*Northeast Arc FI dept*

*REV (4-2014)*

