

# Bard

## Student Payroll Check Reissue Form

Student's Name: \_\_\_\_\_

Bard ID # \_\_\_\_\_ Contact # ( \_\_\_\_\_ ) \_\_\_\_\_

Reason for Reissue (Check One): Check Lost \_\_\_\_\_ Check Stale Dated \_\_\_\_\_ Other \_\_\_\_\_

If Other, please specify: \_\_\_\_\_

Original Check Information (Give approximate date & amount, if necessary):

Check Date \_\_\_\_\_ Check Amt. \$ \_\_\_\_\_

By signing below, I agree to pay a \$35.00 stop payment fee, per reissued check, before my new payment is processed. In addition, if the original check is located after I have submitted this form to Payroll for processing, I will destroy the original check immediately or return it promptly to the Student Payroll Office at Bard College.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Student's Name: \_\_\_\_\_

CK # \_\_\_\_\_ Date \_\_\_\_\_ Amt \$ \_\_\_\_\_

Did Payment Clear Bank? \_\_\_\_\_ YES (Copy Attached) \_\_\_\_\_ NO

Stop Payment Done? \_\_\_\_\_ YES (Copy Attached) \_\_\_\_\_ NO

OK to Reissue Payment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Supervisor's Authorization: \_\_\_\_\_