

## FI Stop payment request

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

Requested by:  Surrogate  Consumer

Phone Number: \_\_\_\_\_

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

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

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

*Mail to this address*

\_\_\_\_\_  
\_\_\_\_\_

### Reason for stop payment (Select only one):

Check never received

Check was stolen

Check accidentally destroyed  Check was lost/ misplaced

Other -----

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

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

Please forward completed form to:

Mail: Northeast Arc (FI)- 1 Southside Road, Danvers, MA 01923

Email: FIpayroll@ne-arc.org

Fax: 977-910-0286