



STOP PAYMENT REQUEST FROM

EMPLOYEE NAME	SOCIAL SECURITY	CHECK NUMBER	CHECK AMOUNT	CHECK DATE

Client Name:

Requested By:

Reason:

Due to additional bank costs Dalrada incurs by placing stop payments, the client or employee will pay a fee of \$15.00 for each stop payment

Select one:

Client:

Employee:

Regular Mail:

Employee Pick up:

Fed Ex

Additional Information:

Dalrada agrees to place a stop payment on the said check(s) within 24 hours of Dalrada' receipt of the written request, provided the request contain accurate information. If a replacement check is necessary, Dalrada will process said check(s) within 24 hours, after bank confirmation of stop payment.

DALRADA FINANCIAL ONLY

Received By:

Date:

Time:

Check Status:

Date Billed:

Confirmation Number: