

Retirement Stop and Reissue Payment Request

I, _____, acknowledge receipt of no benefit from check number _____, dated _____ in the amount of \$_____.

Recipient's name: _____

Address: _____

For consideration of a duplicate payment, the undersigned agrees to indemnify and save harmless the County of Fairfax for the amount of the original check in the event payment thereof be held against the County. In the event the original check is received, it will be returned immediately to Director of Finance, 12000 Government Center Parkway, Fairfax, VA 22035 with no attempt to cash it under penalty of fraud. This is a reissued check which will be posted to the outstanding check file after it is issued. Retirement bank accounts will be posted by journal entry.

Date: _____ Signature: _____

A check will be issued in approximately five (5) working days from the day the stop payment is placed at the bank.

Circumstances concerning missing or destroyed check:

Is the check enclosed? Yes _____ No _____

Authorized Retirement Systems Signature _____

Title: _____ Date: _____

Circle Index: EE-584110 PR 584219 UR 583310 Subobject: 450 (1-7) or 4508=Refund

FOR DEPARTMENT OF FINANCE USE ONLY

Certification of Outstanding Check

Reissue of Check

Check Approval for Signature

Date : _____

Date: _____

Initials: _____

Outstanding Thru: _____

Check#: _____

Date: _____

Initials: _____

Initials: _____

OK to reissue: _____

Date: _____