



ADP Check Stop Payment Request & Indemnification Form

Contact your ADP Client Service Representative to place your stop payment order.
Enter checks individually or indicate a check range, and fax your ADP Client Service Representative.

Check #	Check Amount	Employee Name	Pay Date

OR Enter the Check Range: First # _____ Last #: _____

Reason for Stopping Checks: _____

Submitted by: _____ Phone: _____

Comments: _____

In consideration for stopping payment, the undersigned agrees to defend, indemnify, save harmless, and protect Automatic Data Processing, Inc. and its affiliates and their successors and assigns (collectively "ADP"), from and against any liability whatsoever for stopping payment on said check(s) and from and against all actions, suits, losses, claims, damages, charges, and expenses of every nature and character, including attorney fees, in any claims or suits arising by reason of stopping payment on said check(s).

The undersigned agrees that this obligation is not limited as to time and shall insure to the benefit of ADP, and that the right to plead any and all Statutes of Limitation as a defense to any action brought hereunder is hereby waived.

ADP agrees: (1) to place a stop payment order with ADP's bank on said check with twenty-four (24 hours of ADP's receipt of notice ensuring that the request is properly authorized and that the above records contain appropriate information, and (2) to refund Client upon confirmation of stop, provided that no returned credits of NSF's from Client are pending.

In consideration for additional costs incurred by ADP in placing stop payments, Client agrees to pay a fee of \$10.00 for each stop payment or stop range.

Name of Authorized Signatory

Authorized Signature & Date

Company Name

Company Code

ADP USE ONLY

Request Received (Date/Time/By): _____ Status of Checks: _____

BSA Signoff: _____ Confirmation Number: _____