STOP PAY INFORMATION REQUEST PAYROLL_WARRANTS

Return this form by fax to District Payroll Services: Fax # (925) 944-1698
Return this form by email as an attachment to: dps@cccoe.org

CONTRA COSTA COUNTY OFFICE OF EDUCATION

77 SANTA BARBARA ROAD PLEASANT HILL, CA 94523-4201

ACCOUNT # 4225-027614

ACCOUNT # TELS-OL/OIT	
CHECK NO.:	NET AMOUNT: \$
DATE OF ISSUE:	PAYEE:
LAST 4 S.S.#:	E.E. #:
REASON FOR STOP PAYMENT:	
If the check has been Redeemed, I request a copy of front and back: Yes No	
SCHOOL DISTRICT SIGNATURE	DATE
SCHOOL DISTRICT	
FOR COUNTY OFFICE USE ONLY	
DATE STOP PAY ISSUED:	
NAME:	