

## **Background Actors - Stop Pay/Reissue Request Form**

Please fill out this form, print, sign, and return to EP using the following method:

• Email: CPInquiries@ep.com

**Please Note**: A Stop Payment Request usually takes 5 – 10 days to process. Stop Payment can be placed no sooner than one calendar week after the check has been mailed from the Casting Payroll's offices.

| Employee Information  |  |   |  |
|---|--|---|--|
| First Name:   | Last Name:   |   |  |
| Address:  |  |   |  |
| City:   | ST:_   | ZIP:  |  |
| Phone:  | Last 4 of SSN:   | DOB:  |  |
| Email:  |  |   |  |
| Approved Representative Information (   | (if applicable)  |   |  |
| C/O Representative's Name and Organization (if  | applicable):   |   |  |
| Address:  | •  |   |  |
| City:   |  | ST:   | ZIP:   |
| Please indicate one of the following reason   | ns:  |   |  |
| Check Never Received  | Stale Dated  |   |  |
| Check Received and Lost   | Other (describe):  |   |  |
| ☐ Check Received and Damaged  |  |   |  |
| Production Title/Show Name:   | L  |   |  |
| Check #:  | Work Date:   | Check Date:   |  |
| Check here if reissue check should be r   |  |   |  |
| Signature*:   | Relation to employee*:   |   | Date:  |
| Representative's Signature:   |  |   |  |
| Parent/Guardian Name (Required if employee  | is a minor):   |   |  |
| Parent/Guardian Signature:  |  | Date:   |  |
| I, the Employee requestor named in this for the requested re-issued check from future amount from my bank account if on direct By signing you are authorizing EP to place submit the request, please do not attempt fees incurred once you submit the form. | e payments to me by EP and/or (ii) d<br>t deposit with EP if I deposit/cash bo<br>e a stop payment on your check for | lebit the full requeste<br>oth the original and r<br>the reason indicated | ed reissued check<br>re- issued checks.<br>d above. Once you |

\* If you are the employee, state "self" under relation. If you are signing on behalf of a business, state your title (i.e., Business Manager, Bookkeeper, etc.). If you are signing on behalf of another person, state your relationship (i.e., Personal Representative, Spouse, Parent, etc.). Attach a copy of your appointment as a business/personal representative, power of attorney, etc., as applicable.

PLEASE NOTE: EP requires a "wet signature" from the employee or their approved representative on file. However, EP will accept a markup signature from your iPhone or Android.