



Crew & Talent - Stop Pay/Reissue Request Form

Please return the completed and signed form to EP Payment Support:

- Email: paymentsupport@ep.com
- Fax: 818.688.0486

Employee Information

First Name: _____ Last Name: _____

Corporation Name (if applicable): _____ Corp Tax ID: _____ -

For multiple corporations, please complete a separate form for each one.

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 reasons:

- Check Never Received
- Check Received and Lost
- Check Received and Damaged
- Stale Dated
- Other (describe):

Production Title/Show Name: _____

Check# _____ W/E Date: _____ Check Date: _____

Check here if reissue check should be mailed to employee address above.

Check here if reissue check should be mailed to representative address above.

Signature*: _____ Relation to employee* _____ Date: _____

Parent/Guardian Name (Required if employee is a minor): _____

Parent/Guardian Signature: _____ Date: _____

By checking this box, the Employee requestor named in this form, authorizes Entertainment Partners (EP) to (i) deduct the full amount of the requested re-issued check from future payments to me by EP and/or (ii) debit the full requested reissued check amount from my bank account if on direct deposit with EP if I deposit/cash both the original and re- issued checks. By signing you are authorizing EP to place a stop payment on the check for the reason indicated above. Once you submit the request, please do not attempt to deposit the check if you receive it. EP will not be liable for any bank fees incurred once you submit the form.

*** 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 business/personal representative, power of attorney, etc., as applicable.**

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