



Enrollee Programs

STOP PAYMENT REQUEST

I hereby authorize NOWCC to stop payment on my paycheck for the pay period of ___/___/___ to ___/___/___. I understand that, under NO CIRCUMSTANCES, will I be allowed to cash this paycheck, should I receive it after signing this statement. Instead, I will send it to NOWCC SEE Program Headquarters, 3811 N. Fairfax Drive, Suite #900, Arlington, VA 22203.

Enrollee Signature

Date

Print Name