



Background Actors Stop Pay/Reissue Request Form

For inquires or to request a stop pay reissue of a payroll check, please fill out this form, print, sign, and return to EP using one of the following methods:

Email: CSReturnCheck@ep.com

Mail: Entertainment Partners, Attn: Payment Support, P.O. Box 7836, Burbank, CA 91510

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 Central Casting Payroll's offices.

Please be sure your request is signed below before sending it in. EP will accept a scan or photo of your signature.

Reason for Stop Payment Request Please indicate one of the following:

Check Never Received

Stale Dated

Check Received and Lost

Other (describe):

Check Received and Damaged

Check #: _____ Check Date: _____ Work Date: _____

Show Name: _____

First Name: _____ Last Name: _____

Phone: _____ Last 4 of SSN: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Have you attached any additional documents to this form?

Do you have a specific question or request?

By signing you are authorizing EP to put a stop payment on your 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.

I, the Employee requestor named in this form, authorize 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 in the event that I deposit/cash both the original and re-issued checks.

Employee Signature: _____

Date: _____