

**NOWCC Enrollee Program
Stop Payment Request**

I hereby authorize the 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 Headquarters
3811 North Fairfax Drive,
Suite #900,
Arlington, VA 22203

Enrollee Signature

Date

Print Name