



## 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: [w2group@ep.com](mailto:w2group@ep.com)
- Fax: 818.848.0254
- Mail: Entertainment Partners, Attn: Payment Support, P.O. Box 7836, Burbank, CA 91510

**Please be sure your request is signed below before sending it in.** EP will accept a scan or photo of your signature. If you have further questions, please contact EP's Payment Support Group at 800.417.0037. Our business hours are Monday through Friday 8:00 am to 6:00 pm (Pacific).

**Please indicate one of the following:**

Check Never Received

Stale Dated

Check Received and Lost

Other (describe):

Check Received and Damaged

**Check #:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_

**Production Title:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Have you attached any additional documents to this form?**

**Do you have a specific question or request?**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_