



Background Actors - Stop Pay/Reissue Request Form

Please fill out this form, print, sign, and return to EP using one of the following methods:

- Email: CPIquiries@ep.com
- Mail: Entertainment Partners
Attn: Casting Payroll
2950 N. Hollywood Way
Burbank, CA 91505

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 indicate one of the following reasons:

Check Never Received

Stale Dated

Check Received and Lost

Other (describe):

Check Received and Damaged

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

Production Title/Show Name: _____

Employee Name: _____ Last Name: _____

Phone: _____ Last 4 of SSN: _____ DOB: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Check here if you want all future correspondence sent to this address.

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. By signing you are authorizing EP to place 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.

Employee Signature: _____ Date: _____

PLEASE NOTE: We do not accept computer electronic signatures (e.g., DocuSign, SignNow, eSign). We will accept a markup signature from your iPhone or Android