



Enrollee Programs

STOP PAYMENT REQUEST

I hereby authorize NEW Solutions 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 NEW Solutions Headquarters, 3811 N. Fairfax Drive, Suite #900, Arlington,

VA 22203.

Enrollee Signature

Date

Print Name