WorkSafe
WORKERS' COMPENSATION BOARD OF BC
Location: 6951 Westminster Highway, Richmond BC V7C 1C6
Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5
Telephone 604 273-2266, Toll free 1 888 967-5377

# STOP PAYMENT REQUEST

***Controller's Department***

**PLEASE PRINT**

| Claim number |
|---|
| |

| Claimant's surname<br>*Mr.* *Ms.*<br>*Mrs.* *Miss* | First name | Initial |
|---|---|---|
| Mailing address | | |
| City | Province | Postal code |

To whom it may concern:

Please place a stop payment on the following cheque(s). Please check appropriate box(es).

❒ Wage loss ❒ Pension ❒ Health care benefits

| CHEQUE NUMBER | $ AMOUNT | CHEQUE PRINTED DATE | FROM DATE | TO DATE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

The above-noted cheque(s) was:

❒ Not received by me
❒ Lost
❒ Destroyed
❒ Stolen

I understand that this cheque cannot be cashed as a result of this **STOP PAYMENT** request. Should I receive the original cheque, I will return it to the Workers' Compensation Board of British Columbia.

| Claimant's signature | Date |
|---|---|
| | |

Notes