



BBP Admin
BENEFITS ADMINISTRATION
COBRA, FMLA, FSA, HRA, HSA, TRANSIT
info@bbpadmin.com
www.bbpadmin.com
630 773 2337

Stop Check Form

Employer Name: _____

Your Name: _____

Email and/or Phone Number: _____

- Step 1: Check # _____ Amount: \$ _____
- Step 2: Reason for Stopping Check
 - Wrong address
 - New banking information
 - Never received it
 - Other _____
- Step 3: I understand there is a \$25.00 fee per stopped check
 - I will pay the fee from my account with BBP Admin
 - I will pay the fee using a credit card (payments can be made online at www.bbpadmin.com - there is an additional fee for credit card transactions.)
 - I will pay the fee using my checking account - payments can be made online at www.bbpadmin.com - there is no additional fee for payments made with your bank account.)
- Step 4: How do you prefer to receive the reprocessed reimbursement?
 - New check - I verify the incorrect information has been updated
 - Direct Deposit - I have reviewed the DD Validation Instructions and understand I will receive my reimbursement once my Bank Account has been validated
http://www.bbpadmin.com/docs/Participant/Reimbursement_Direct_Deposit_Validation_Instructions.pdf
- Step 5: I understand it may take up to 10 business days for a Stop Payment to be put on the check and/or for the Reprocessing of the Reimbursement.
- Step 6: Participant Signature _____ Date: _____
- Step 7: Submit this Stop Check Form to support@bbpadmin.com