DSK GROUP INC.

PROFESSIONAL EMPLOYER ORGANIZATION
Watching Your Bottom Line

STOP PAYMENT REQUEST

Social Security Number _____

Employee Name _____

Employee Address_____

_____

Check Number _____ Amount $_____Check Date_____

Reason for Stop Payment _____

I. STOP PAYMENT REQUEST

I am requesting that you stop payment on the item described above. By directing DSK to stop payment on this item, I agree to hold DSK harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of DSK having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give DSK reasonable time to act on it. A $30.00 fee will be assessed by DSK for processing this Stop Payment Request.

_____ _____
Employee's Signature Date

_____
Witness Signature Date

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