



CORPORATE ACCOUNTING

Phone 604 231-8506, press "1"
Toll-free 1 888 967-5377, ext. 8506, press "1"

MAIL

Corporate Accounting, WorkSafeBC
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

FAX

604 279-7515

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Payee information

Payee last name	First name	Middle initial	Payee number
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Address information

Address line 1	City	Province	Postal code
Address line 2	Phone number (include area code)		

Payment stop information

Cheque number	Amount (\$)	Cheque printed date	From date (yyyy-mm-dd)	To date (yyyy-mm-dd)

The above-noted cheque(s) were

Not received by me **Destroyed**
Lost **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 WorkSafeBC.

Claimant/payee signature

Notes

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.