

Void/ Stop Payment Request

CHECK #

DATE ISSUED:

AMOUNT:

VENDOR NAME:

REASON:

Stop Payment Requested: ☐ NO ☐ Yes

REQUESTED BY:

Signature: _____

Date: _____

Check Cleared: ☐ NO ☐ Yes

Stop Payment Placed: ☐ NO ☐ Yes

Signature: _____

Date: _____

Reissue Check: ☐ NO ☐ Yes

COMPLETED BY:

Signature: _____

Date: _____

*Please forward original form to Betsy Watson @ Mail Drop #9110