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