

# STOP PAYMENT FORM

DATE: \_\_\_\_\_

This form is used when a check has been issued, but you want to stop payment on that check. *A stop payment will not be initiated until at least 30 days from the check date.* Please fill in as much information as possible.

1. Submitted by: \_\_\_\_\_ Auxiliary: \_\_\_\_\_

Check(s) Was Made Payable to:	Check Date	Check Amount
1.		
2.		
3.		

2. Re-issue check(s)? ☐ YES ☐ NO

Check(s) Payable to:		Check Placement Instructions:
1.		1.
2.		2.
3.		3.

3. Stop payment explanation:

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4. Contact info: \_\_\_\_\_  
(Name & Phone Number)

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**TO BE COMPLETED BY THE FINANCE COMMITTEE**

Date Called: \_\_\_\_\_

Bank Employee Name: \_\_\_\_\_