STOP PAYMENT REQUEST

To: Front Desk   Date [1]: _____
    Accounts Payable
    Park/145   (201 S Presidents Cir Rm 145)
    Tele 581-6976   **FAX** 585-6443

Vendor Name [1]: _____   Vendor #: _____

Vendor Address: _____

                _____

                _____

Requesting stop payment for:

    Check #[1]: _____   Check date [1]: _____   Check $[1]: _____

    Cancel & Reissue [1]: _____   Cancel [1]: _____

Reason for cancellation [1]: _____

_____

_____

Requester's Name [1]: _____   Telephone [1]: _____

If the address on the replacement check is different than the address on the old check, please list it here:

                _____

                _____

                _____

                _____

[1] These fields are required. (Mark whether you want to cancel and reissue, or just cancel the check.)