

**GENERAL FUND
REQUEST FOR STOP PAYMENT**

REQUESTED BY: _____

DATE OF REQUEST: _____

CHECK DATA:

Check Number _____

Check Date _____

Check Amount _____

Payee _____

REPLACEMENT CHECK DATA:

Check Number: _____

Check Date: _____

___ Mail To:

REASON FOR STOP PAYMENT:

___ Telephone:

Name: _____

Phone# _____

Dept _____

STATEMENT DATES FOR ACCOUNTING: