



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 OFFICE OF THE CHIEF FINANCIAL OFFICER
 OFFICE OF FINANCE AND TREASURY, PAYMENT OPERATIONS CENTER
 1101 4TH STREET, SW, SUITE W890
 WASHINGTON, DC 20024
 OFFICE: (202) 727-6060 FAX: (202) 727-2607

APPLICATION FOR STOP CHECK PAYMENT

CHECK NUMBER CHECK DATE (MM/DD/YY) PURPOSE OF CHECK AGENCY

PAYEE SS#/EIN# AMOUNT

CONTACT ADDRESS:

STREET CITY STATE ZIP

WORK PHONE NUMBER HOME PHONE NUMBER

STOP AND STOP REISSUE CHECK

STOP:

STOP AND REISSUE:

<input type="checkbox"/> ISSUED TO WRONG PAYEE	CORRECT PAYEE:
<input type="checkbox"/> ISSUED IN THE WRONG AMOUNT	CORRECT AMOUNT:
<input type="checkbox"/> CHECK DAMAGED	
<input type="checkbox"/> CHECK STALE DATED	
<input type="checkbox"/> CHECK LOST	IF RECEIVED, WAS IT ENDORSED: YES
<input type="checkbox"/> CHECK NEVER RECEIVED BY PAYEE	

SIGNATURES:

Payee is required to sign this form. By signing this form, I authorize the Government of the District of Columbia to process a stop payment and reissue a replacement check. I understand that if I locate the missing check, I will immediately return it to the Office of the Chief Financial Officer at the address above. If both the original and replacement check are cashed, I agree to reimburse the District government for the full amount of the check. Furthermore, if an employee of the District of Columbia Government, I agree to the collection of the indebtedness pursuant to DCMR Rule 6-B2900 et seq.

NAME (PAYEE) SIGNATURE DATE (MM/DD/YY)

NAME (CO-PAYEE) SIGNATURE DATE (MM/DD/YY)

When applicable, signature of payee's agency:

NAME TITLE SIGNATURE DATE (MM/DD/YY)

FOR AGENCY USE:	BANK SEQUENCE NUMBER:	STOP DATE: