



Stop Payment Inquiry/Request

Client Co: _____

Date: _____

Submitted By: _____

Title: _____

PART I – INQUIRY

Please inquire the status of the following check:

Payee/Payor Data: _____

Check Amount: _____

Check Serial Number: _____

Check Date: _____

(FOR OFFICE USE ONLY)

CHECK NUMBER ABOVE:

CLEARED BANK

DATE: _____

NOT CLEARED

PART II – STOP PAY REQUEST

Please release a stop payment on the check listed above.

Stop Pay Reason: _____

Will the check need to be re-issued? (Select One)

YES

NO

If yes, who will be charged the \$25.00 Stop Payment Bank Fee? (Select One)

CLIENT

EMPLOYEE

The above has been authorized by: (Name/Title) _____

Signature: _____

Request Date: _____

(FOR OFFICE USE ONLY)

Date Stop Payment: _____

Trace Number: _____

Duplicate Check No: _____

By: _____