

**STATE OF FLORIDA DISBURSEMENT UNIT
Affidavit for Stop Payment Request**

I, _____, residing at _____
(Last Name, First Name, Middle Initial) (Address)

In the City of _____ County of _____ and the State of _____

Case Number(s) _____

Hereby request a **STOP PAYMENT** – Please check reason below for the stop payment request. Enter information for ONE CHECK only. **A COMPLETED, SIGNED, and NOTARIZED AFFIDAVIT MUST BE COMPLETED FOR EACH LOST, STOLEN, or STALE-DATED CHECK.**

Lost Check

*Stolen Check

Stale-Dated Check

Check # _____ in the amount of \$ _____ Dated: _____

***If the check was stolen, a police report needs to accompany this affidavit.**

Return Form to:
STATE OF FLORIDA DISBURSEMENT UNIT (SDU)
P.O. BOX 7436
TALLAHASSEE, FL 32314

I offer the following explanation concerning the status of this check. **(If none, state 'none')**

I have completely and accurately reported to the SDU all the information, knowledge, and facts that I possess concerning this check and should anything else concerning this check come to my attention, I will immediately report the information to the SDU. **I understand that if I receive the missing check at any time during this process, and I deposit or cash the check, then I will be held liable for the refund of the check and any fees assessed.**

In addition, I understand that this affidavit must be COMPLETED, SIGNED, AND NOTARIZED, and RETURNED TO THE SDU BEFORE A CHECK CAN BE REISSUED. IF THE CHECK WAS STOLEN, A POLICE REPORT MUST ACCOMPANY THIS AFFADAVIT.

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check.

My signature below indicates I have read and agree to the terms of the process discussed above.

Requestor Signature

Date

SSN Number

(Area Code) Home Phone

(Area Code) Work Phone

(NOTARY REQUIRED)

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20__ by _____.

Signature and Title of Notary Public or Deputy Clerk

(Print, type, or stamp commissioned name of Notary Public)

Personally Known **OR** Produced Identification

Type of Identification Produced: _____