

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.

Form with checkboxes for Lost Check, *Stolen Check, and Stale-Dated Check. Includes fields for Check #, amount, and date. Note: * 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 32314-8515

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 AFFIDAVIT.

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.

(NOTARY REQUIRED)

Social Security Number

Sworn to and subscribed before me this

Requestor Signature

_____ day of _____, 20____,

Date

by _____,
who is personally known or has provided

(Area Code) Home Phone Number

as identification.

(Area Code) Work Phone Number

Notary Public

My Commission Expires: _____

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