

STOP PAYMENT AND CHECK REISSUE REQUEST FORM

Directions:

- 1. Complete one form per check on which you would like to have reissued.
- 2. Please complete all the information available to you and ensure you have read the conditions listed on this form. If you are unaware of the specific check information (check date, amount, check number), please inform the Treasurer.
- 3. This form will not be accepted or processed until the 30 days have passed from the check date listed below.

	REQUIRED INFORMA	TION
Name of Person requesting	check reissue:	Today's Date:
Vendor Name (if applicable)):	
Current Mailing Address:		Phone Number:
Check Number:	Check Date:	Check Amount:
Reason check was issued:		
Member Reimbursement	Stipend	Vendor Check
	REASON FOR REQU	JEST
Lost Past 90 D	ay Deadline Check R	ejected Other
	ı selected "Other," please briefly d	
By signing below, I authorize P check. In addition, I request the		ace a stop payment on the above referenced
Reissue Paper Check mi	nus stop payment fee. Please allov	w at least one week to receive the reissued check
Return funds to PEA bu	dget.	
is true and accurate. I cer given permission to anyo part of the money/payme check and that I will imme	rtify that I have not and will not atter one else to cash/use the check. I also ent from this check. If I receive or fin ediately return the check to PEA (15)	ession and that the information I have provided mpt to cash/use the check and that I have not certify that I have not received or used any d the check, I agree I will not try to use the 9 E 4th St., Pittsburg CA 94565) . I agree to yment imposed by the financial institution
Signature		Date