



## STOP PAYMENT AND CHECK REISSUE REQUEST FORM

Please return this form to the PEA  
159 E. 4th Street Pittsburg, CA 94565  
Email: [president@peateachers.org](mailto:president@peateachers.org)

Complete one form per check.

Name of Person requesting check reissue:

Today's Date:

Current Mailing Address:

Phone Number:

personal email

### REASON FOR REQUEST

Lost

Past 90 Day Deadline

Other

If check you selected "Other," please briefly describe why.

By signing below, I request **the reissue of the check minus stop payment fee charged by bank to PEA.**

Signature

Date

### FOR OFFICE USE ONLY

Check Number

Check Date

Check Amount

Check # Reissued

Reissued date

Reissued Check Amount

Line Item: \_\_\_\_\_

Approved by \_\_\_\_\_ and \_\_\_\_\_