

SAMPLE CHECK STOP PAYMENT

[Your Name]

[Address]

Date: *[date]*

To: *[name of bank/person to stop payment]*
[address]
[city, state, zip]

Dear *[name or department]*:

You are hereby directed to place a stop-payment order and refuse payment against the following account upon presentment of the following check:

CHECK INFORMATION

Payee: *[name of person check made out to]*

Check Number: *[check number]*

Amount: *[dollar amount of check, e.g. \$750.00]*

Date: *[date of check]*

This stop-payment order shall remain in effect until further written notice. Please contact me if payment has already been made upon this check.

Thank you for your assistance.

[full name of account holder]

[account number]

Signature