

Notice to Stop Payment of Check

Date: _____

[name and address of financial institution]

Re: Stop payment of check

To Whom It May Concern:

This letter is to confirm my telephone request of _____ *[date]* that you stop payment on the following check:

Name(s) on account: _____

Account number: _____ Check number: _____

Payable to: _____

Date written: _____

Amount of check:

Please acknowledge receipt of this notice by signing the duplicate of this letter and returning it to me in the enclosed stamped, self-addressed envelope.

Thank you for your assistance.

Signature

Printed or typed name

Address

Home Phone

Work Phone

Receipt acknowledged by:

Signature _____ Date _____

Printed or typed name

Title