

## CHECK STOP-PAYMENT

Date:

To:

Dear

Please be advised that you are hereby directed to place a stop-payment order and refuse payment against our account upon presentment of the following check:

Name of payee:

Date of Check:

Check Number:

Amount:

This stop-payment order shall remain in effect until further written notice.

Please advise if this check has been previously paid, and the date of payment.

Thank you for your cooperation.

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Name of Account

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Account Number

By:\_\_\_\_\_