



# SFMS WARRANT STOP PAYMENT REQUEST

(State Use Only)

**This stop payment is in effect for 24 months.  
Submit form by noon for same day processing.**

**Date Sent to DAS-SFMS** \_\_\_\_\_  
**(DO NOT send this form to the payee)**

Submit completed request by email using:

Email button above or [SFMS.1.WarrantStopCancel@das.oregon.gov](mailto:SFMS.1.WarrantStopCancel@das.oregon.gov)

**Note: For questions or if you need immediate assistance, please contact your SFMS Agency Support Analyst.**

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_

**Warrant Information:**

Number \_\_\_\_\_

Payee Name \_\_\_\_\_

Amount (at least \$15) \_\_\_\_\_

Date of Issue \_\_\_\_\_

Document # \_\_\_\_\_

*(Only one document number is needed)*

**Reason for Warrant Stop Payment (if "Other" is checked, please state reason):**

- Issued in Error                       Lacks Signature                       Wrong Payee
- Destroyed                                 Thrown Away                           Wrong Amount
- Stolen                                       Not received by Payee               Lost

Other      Additional Info about Stop Payment \_\_\_\_\_

Authorized Agency Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Agency Phone \_\_\_\_\_

**SFMS Use Only:**

Reason Code: 008                      \_\_\_\_\_ Date Received                      \_\_\_\_\_ Date Processed