

URGENT

STOP PAYMENT REQUEST

State Agency: REQUESTS RECEIVED FROM AGENCIES TO OSPS AFTER
2:30 PM WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.

**THIS STOP PAYMENT ORDER WILL REMAIN IN EFFECT FOR 24 MONTHS FROM
THE DATE OF REQUEST. REQUESTS RECEIVE AFTER 3:30 PM WILL BE
PROCESSED THE FOLLOWING BUSINESS DAY. PLEASE COMPLETE THIS
FORM ELECTRONICALLY. HANDWRITTEN FORMS WILL NOT BE ACCEPTED.**

Please place a stop payment on the following item:

Check Number:	
Payee:	
Amount:	
Issue Date:	
Agency Account Number (5 digit):	

Reason for stop payment (check one):

<input type="checkbox"/>	Check Destroyed
<input type="checkbox"/>	Check Issued in Error
<input type="checkbox"/>	Stolen Check(s)
<input type="checkbox"/>	Wrong Amount
<input type="checkbox"/>	Wrong Payee
<input type="checkbox"/>	Check Lacks Signature
<input type="checkbox"/>	Check not received by Payee
<input type="checkbox"/>	Check Thrown away
<input type="checkbox"/>	Lost Checks(s)
<input type="checkbox"/>	Other

Additional Info about stop payment (up to 128 characters)

Make Replacement Check Payable to:		<input type="checkbox"/> Same as original payee (listed above)
		<input type="checkbox"/> Agency
		<input type="checkbox"/> Other – work with OSPS before submitting
Agency Number	Payroll Authorized Signature	

Requested by: Name _____ Date ____/____/____

Agency Department of Administrative Services - OSPS

Telephone number 971-283-1447

FAX number 503-378-3518