



ALL FIELDS MUST BE COMPLETED TO PROCESS

**THIS STOP PAYMENT ORDER WILL REMAIN IN EFFECT FOR 24 MONTHS FROM THE DATE OF REQUEST.  
REQUESTS RECEIVED 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:

*mm/dd/yy*

Agency Account Number:

*5 digits*

Reason for stop payment:

Additional information  
about stop payment:

*optional*

Request date:

Requested by:

Telephone:

Agency Name:

**Form Instructions**

This form is to be used to request a stop payment on a previously issued state check.  
Please confirm that the item has not yet cleared before submitting this form to Treasury.

1. Identify the check that should have the stop payment placed on it
  - Enter complete check number of the item being stopped.
  - Enter Payee Name, as listed on the check.
  - Enter amount of check.
  - Enter the Issue date of the item being stopped
  - Enter the Agency account number the check was issued on (5 digits).
2. Choose the reason that best describes why the Stop Payment is being requested.
3. Add any additional information about the stop payment (up to 128 characters).
4. Complete Requested by information.
5. Click on the Submit via E-mail button to send request to Treasury.

If you have questions regarding this form, please contact **Treasury's Banking  
Support Specialist at 503-373-1944.**

Submit via email