

**STATE OF FLORIDA DISBURSEMENT UNIT
Affidavit for Stop Payment Request**

I, _____
(Last Name, First Name, Middle Initial) residing at _____ **(address)**
In the City of _____ County of _____ and the State of _____

Case Number(s) _____

Hereby request a **STOP PAYMENT** -- Please check reason below for the stop payment request.
Enter information for ONE CHECK only. **A COMPLETED, SIGNED, and NOTARIZED AFFIDAVIT
MUST BE COMPLETED FOR EACH LOST, STOLEN, or STALE-DATED CHECK.**

<input type="checkbox"/> Lost Check Check # _____	<input type="checkbox"/> *Stolen Check in the amount of \$ _____	<input type="checkbox"/> Stale-Dated Check Dated: _____
*If the check was stolen a police report needs to accompany this affidavit.		

Return Form to:
STATE OF FLORIDA DISBURSEMENT UNIT (SDU)
P.O. BOX 7436
TALLAHASSEE, FL 32314

I offer the following explanation concerning the status of this check. **(If none state 'none')**

I have completely and accurately reported to the SDU all the information, knowledge and facts that I possess concerning this check and should anything else concerning this check come to my attention, I will immediately report the information to the SDU. **I understand that if I receive the missing check at any time during this process, and I deposit or cash the check, then I will be held liable for the refund of the check and any fees assessed.**

In addition, I understand that this affidavit must be COMPLETED, SIGNED, AND NOTARIZED, and RETURNED TO THE SDU BEFORE A CHECK CAN BE REISSUED. IF THE CHECK WAS STOLEN, A POLICE REPORT MUST ACCOMPANY THIS AFFADAVIT.

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check.

My signature below indicates I have read and agree to the terms of the process discussed above.

SSN Number

(NOTARY REQUIRED)

Requestor Signature

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known or has provided _____ as identification.

Date

Notary Public

(Area Code) Home Phone

(Area Code) Work Phone

My commission expires: _____