You MUST activate JavaScripts to enable form features

PRINT

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):	10503

Reason for stop payment (check one):

	Check Destroyed
	Check Issued in Error
	Stolen Check(s)
	Wrong Amount
	Wrong Payee
	Check Lacks Signature
	Check not received by Payee
	Check Thrown away
	Lost Checks(s)
	Other

Additional Info about stop payment (up to 128 characters)

Make Replacement Check Payable to:
- ☐ Same as original payee (listed above)
- ☐ Agency
- ☐ Other – work with OSPS before submitting

Agency Number	Payroll Authorized Signature

OSPS Initials

Submit by E-mail

<< If submitting by e-mail, place e-mail address here.

Requested by: Name Jody Jones Date / /

Agency Department of Administrative Services - OSPS

Telephone number 503-373-0259

FAX number 503-378-3518

Revised 5/6/11