



**COLUMBUS METROPOLITAN HOUSING AUTHORITY**  
**880 E 11<sup>TH</sup> AVE**  
**COLUMBUS OH 43211**

### **STOP PAYMENT REQUEST**

From: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Phone #) \_\_\_\_\_  
(Fax #) \_\_\_\_\_

Request stop pay be placed on:

Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check Date: \_\_\_\_\_  
Payee: \_\_\_\_\_

Please select the reason for the stop payment request:

- |  |  |
|--|--|
| <input type="checkbox"/> Check Destroyed             | <input type="checkbox"/> Check Washed            |
| <input type="checkbox"/> Stolen Check or Checkbook   | <input type="checkbox"/> Lost Check or Checkbook |
| <input type="checkbox"/> Wrong Amount                | <input type="checkbox"/> Over Payment            |
| <input type="checkbox"/> Wrong Payee                 | <input type="checkbox"/> Payment Disputed        |
| <input type="checkbox"/> Check Lacks Signature       | <input type="checkbox"/> Wrong Address           |
| <input type="checkbox"/> Check Not Received By Payee | <input type="checkbox"/> Check Issued in Error   |
| <input type="checkbox"/> Check Thrown Away           | <input type="checkbox"/> Miscellaneous           |

Additional Comments:

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You or anyone else are not authorized to cash the check for which you have requested a stop payment. By signing this form, you acknowledge that you have not / will not give this check to anyone else. If this check has been stolen, a copy of the police report will need to be attached along with a completed affidavit of loss. By signing below, you acknowledge that if the check is received you will return the check to CMHA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date