

Housing Authority of Alameda County



22941 Atherton Street • Hayward, California 94541-6633
Voice: (510) 538-8876 • Fax: (510) 886-1964 • TDD (510) 727-8551

REQUEST FOR A STOP PAYMENT AND REPLACEMENT CHECK

NAME & VENDOR # _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE: _____ ACC#: _____

CLIENT NAME: _____ CLIENT #: _____

This is to certify that I have: _____ **LOST** _____ **NOT RECEIVED**

Check Number: _____ Dated: _____ Amount: _____

Payee(s): _____

The lost check: _____ **HAS** _____ **HAS NOT** been endorsed by me.

I, THEREFORE, REQUEST THAT A STOP PAYMENT BE PLACED ON THE ABOVE CHECK AND THAT A REPLACEMENT CHECK BE ISSUED. IN ADDITION, I AGREE TO RETURN THE ORIGINAL CHECK IF IT SHOULD BE RECEIVED BY ME AT ANY TIME AFTER I SIGN AND RETURN THIS FORM.

(Signature of Owner or Payee)

(Address)

(City, State, Zip)

(Telephone Number)

(Date)

A REPLACEMENT CHECK WILL BE ISSUED ONLY UPON COMPLETION AND RETURN OF THIS SIGNED REQUEST AND AFTER CONFIRMATION OF STOP PAYMENT HAS BEEN RECEIVED FROM OUR BANK.