



Housing Authority of the
County of Alameda

22941 Atherton St, Hayward, CA 94541-6633

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REQUEST FOR A STOP PAYMENT AND REPLACEMENT CHECK

_____ **Attention:** _____

Date: _____ Vendor: _____ ACC#: _____

Client Name: _____ Client #: _____

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

Check #: _____ 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.

X _____
(Signature of Owner or Payee)

X _____
(Address)

X _____
(City, State, Zip)

X _____
(Telephone Number)

X _____
(Date)

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

(Office Use Only)

Date Stop Payment Placed:
Reissued By/CK#:
Date Mailed/Picked-Up: