

**PAYROLL STOP PAYMENT REQUEST FORM
FOR ALL PAYROLL CHECKS ISSUED REGARDLESS OF ISSUE DATE**

**To: Banking Services Division
Maryland State Treasurer
Louis L. Goldstein Treasury Building
80 Calvert Street
Annapolis MD 21401
Fax (410) 974-2076**

Financial Agency Code _____

- _____ Please place a stop payment on the check described below and reissue the check to the same payee.
- _____ Please provide a copy of the check described below. **(Email address required).**
- _____ Please issue the check described below from the Unpresented Fund.
- _____ Please reissue the attached stale/mutilated check listed below.
- _____ Other _____

Note: Address on Reissued Checks will not Change. If address is not correct, **“Stop and Recover”** or **“Cancel”** and reissue a new check.

Check Number	Date	Amount	Social Security Number	Payee Name and Address	Warrant Number
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Please provide Agency address and phone number. If information is not provided your request will not be processed.

Authorized Signature Date

Telephone Number

Email Address

FOR USE BY BANKING SERVICES PERSONNEL ONLY

Paid Date	Recovered Date	Completion Date	Date Received
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