## 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: Reissued checks will be mailed to the Agency at the address provided below.

Check Number	Date	Amount	Social Security		Warrant
			Number	Payee Name	Number



Please provide Agency Name, address and phone number. If information is not provided, your request will not be processed.

Authorized	Signature
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Date

Printed Name

Telephone Number

Email Address

## FOR USE BY BANKING SERVICES PERSONNEL ONLY

Paid Date

Recovered Date

Completion Date

Date Received