

PINELLAS COUNTY SCHOOLS
REQUEST FOR STOP PAYMENT

Instructions

The school is to fill in ALL information, except for the date, signature & title.

TO: _____
School Name

School Address

Attention: _____
Bookkeeper Name

FROM: _____
Vendor Name

Vendor Address

Date: _____

Re: Stop Payment

This is to **certify** that I have not received check # _____

Dated _____ in the amount of \$ _____ .

Furthermore, should check # _____ be received, I will not cash or deposit it. The check will be promptly returned to the school.

Please place a stop payment on this check and issue a replacement check.

Signature

Title

Please do not fax this form. Original signatures are required.