



STATE OF FLORIDA DISBURSEMENT UNIT
Affidavit for Stop Payment Request

RONNIE FUSSELL
Clerk of the Circuit Court

I, _____
(Last Name, First Name, Middle Initial) residing at _____ **(address)**
In the City of _____ County of _____ and the State of _____

Case Number(s) _____

Hereby request a **STOP PAYMENT** -- Please check reason below for the stop payment request.
Enter information for ONE CHECK only. **A COMPLETED, SIGNED, and NOTARIZED AFFIDAVIT
MUST BE COMPLETED FOR EACH LOST, STOLEN, or STALE-DATED CHECK.**

<input type="checkbox"/> Lost Check Check # _____	<input type="checkbox"/> *Stolen Check in the amount of \$ _____	<input type="checkbox"/> Stale-Dated Check Dated: _____
"If the check was stolen a police report needs to accompany this affidavit."		

Return Form to:
STATE OF FLORIDA DISBURSEMENT UNIT (SDU)
P.O. BOX 7436
TALLAHASSEE, FL 32314

I offer the following explanation concerning the status of this check, **(if none state 'none')**

I have completely and accurately reported to the SDU all the information, knowledge and facts that I possess concerning this check and should anything else concerning this check come to my attention, I will immediately report the information to the SDU. **I understand that if I receive the missing check at any time during this process, and I deposit or cash the check, then I will be held liable for the refund of the check and any fees assessed.**

In addition, I understand that this affidavit must be **COMPLETED, SIGNED, AND NOTARIZED, and RETURNED TO THE SDU BEFORE A CHECK CAN BE REISSUED. IF THE CHECK WAS STOLEN, A POLICE REPORT MUST ACCOMPANY THIS AFFIDAVIT.**

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check.

My signature below indicates I have read and agree to the terms of the process discussed above.

(NOTARY REQUIRED)

SSN Number

Requester Signature

Date

(Area Code) Home Phone

(Area Code) Work Phone

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known or has provided _____ as identification.

Notary Public

My commission expires: _____