

MATHIS INDEPENDENT SCHOOL DISTRICT



STOP PAYMENT AUTHORIZATION FORM

Bank Account #: _____ Date: _____

Check Payable to: _____ Check Number: _____

Date Check was issued: _____ Replacement Check Number: _____

Amount issued on Check: \$ _____ . _____

CIRCLE REASON FOR STOP PAYMENT REQUEST

LOST CHECK **DESTROYED CHECK** **OTHER:** _____

Signatures Required:

Requested by: _____ Date _____

Approved by: _____ Date _____

Date Process at Bank: _____, _____

Date Stop Payment Expires: _____, _____

