



Office of Nikki Alvarez-Sowles, Esq. Pasco County Clerk & Comptroller

STOP PAYMENT REQUEST

This affidavit must be completed and submitted to request a stop payment and reissuance of a check issued by the Office of Nikki Alvarez-Sowles, Esq., Pasco County Clerk & Comptroller. All fields are required.

Check #:

Date of Check:

Amount of Check:

Description /Case #:

Payable to (Payee Name):

I, _____ am the lawful payee, or authorized representative, of the above referenced check.

I am requesting that a stop payment be placed on the above check. Should I receive the above described check in the future, I agree to return it to the Office of Nikki Alvarez-Sowles, Esq., Pasco County Clerk & Comptroller.

Should the above check be presented for payment, I agree to fully reimburse the Office of Nikki Alvarez-Sowles, Esq., Pasco County Clerk & Comptroller.

Payee Signature: _____

Printed Name: _____

Address: _____

Completed form must signed and returned to the Clerk's Finance Division either via email at DL-FI-DCCLerk'sFinance@pascoclerk.com or mailed to the following address:

Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller
Finance Department, Clerk's Finance Division
38053 Live Oak Avenue
Dade City, FL 33523-3805