

Stop Payment/Void Request Form

Revised 01/11/2021

Check Number: _____ Check Date: _____ Check Amount: _____

Property Code: _____

Bank Code/Acct Name: _____

Vendor/Tenant Code: _____

Payee: _____

Address: _____

Street City State Zip

****Address must be current in Yardi before check is reissued****

Check Type: Tenant Landlord Vendor

Type of Request Void or Stop Pay:

Void: Request of a check that was written in error (wrong vendor, amount, date, etc.) . The physical check is attached to this request.

Stop Pay: Request of a lost or stolen check

Void/Do Not Reissue (Attach check)

Void & Reissue (Attach check)

Stop Pay/Do Not Reissue

Stop Pay & Reissue

Type of Reissue:

Reissue Same Amount

Reissue Vendor Different Amount (Attach check request form)

Reissue Tenant/Landlord Different Amount (Attach HAP/URP approval)

Reason for Stop Payment/Void:

Destroyed

Stale Date

Lost

Check Not Received by Vendor

Other _____

Signature of Requestor _____ Date _____

If a reissuance is needed and the entity does not have possession of the check, the payee must sign the following statement:

Please process a stop payment and reissue the above mentioned payment. If the original check is found or delivered to me at a later date, I will return promptly to the issuer. The issuer reserves the right to charge the payee the cost of the checks and any other cost incurred plus interest in the event that both checks are cashed by the payee

Signature of Payee: _____

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Check Number: _____ Check Date: _____ Check Amount: _____

For Finance Departments Use Only:

	Initial	Date
Confirmation check is outstanding	_____	_____
Issue stop payment, if applicable	_____	_____
Positive pay manual entry	_____	_____
Check voided in Yardi (A/P)	_____	_____
Recorded on check log (A/P)	_____	_____

Replacement check, if applicable (A/P) Check No.: _____ Date: _____