## STATE OF FLORIDA DISBURSEMENT UNIT Affidavit for Stop Payment Request

l, (Last Name, First Name, Mi	ddle Initial) residing at	(ad	Idress)
In the City of	County of	and the	State of
Case Number(s)		<del></del>	
	HECK only. A COMPLET	ED, SIGNED	of for the stop payment request, and NOTARIZED AFFIDAVINATED CHECK.
Lost Check Check #		en Check mount of \$	Stale-Dated Chec Dated:
*If the chec	k was stolen a police rep	ort needs to	accompany this affidavit.
STAT I offer the following explanation	Return Form E OF FLORIDA DISBURS P.O. BOX 74 TALLAHASSEE, F on concerning the status o	SEMENT UNIT 36 L 32314	, ,
possess concerning this ch attention, I will immediately r missing check at any time of held liable for the refund of	eck and should anything report the information to the during this process, and the check and any fees	else concer le SDU. I un I deposit or assessed.	tion, knowledge and facts that rning this check come to my derstand that if I receive the cash the check, then I will be
	DU BEFORE A CHECK (	CAN BE REIS	), SIGNED, AND NOTARIZED SSUED. IF THE CHECK WAS VIT.
This affidavit is made volunt check.	arily and for the purpose	of establishir	ng the claim of the referenced
My signature below indicates	I have read and agree to	the terms of th	ne process discussed above.
	——— (NOTARY REQ	UIRED)	
SSN Number	Sworn to and s	ubscribed befo , by	re me this day of who is personally known
Requestor Signature	or has provided as identification.		
Date	Notary Public		
(Area Code) Home Phone			
(Area Code) Work Phone	My commission expires:		