

June 29, 2023

Contact Name
Address
Address2
City, State/Province
Zip/Postal Code

OBJECT: NOTICE TO STOP PAYMENT ON CHECK

Dear [CONTACT NAME],

You are hereby directed to place a stop payment order and refuse payment upon presentment of the following check:

Name of Payee: _____

Date of Check: _____

Amount: _____

Check Number: _____

This stop order shall remain in effect until further written notice. Please advise if this check has been previously paid, and the date of payment.

Name of Account

Account Number

This form should be reissued after six months.

Sincerely,

Your name
Your title
(800) 123-4567
youremail@yourcompany.com