

FLORIDA STATE DISBURSEMENT UNIT



State of Florida Disbursement Unit Affidavit for Stop Payment Request

I, _____, residing at _____
in the City of _____, County of _____, State of _____
Case Number(s) _____

Hereby request the following:

STOP PAYMENT – Please complete the below information for one check only. A complete and signed affidavit must be provided for each lost check.

Check Number: _____ in the amount of \$ _____ Dated: _____

Return Form by email to flsdu.stoppay@smimail.net

Or Mail to:

FLORIDA DISBURSEMENT UNIT
P.O. BOX 7436
TALLAHASSEE, FL 32314-7436

I offer the following explanation concerning the negotiation of this instrument. **(If none state 'NONE')**

I have completely and accurately reported to the State Disbursement Unit (SDU) all the information, knowledge and facts that I possess concerning this check and should anything else concerning this check come to my attention, I will immediately report the information to the SDU. **I understand that if I receive the missing check at any time during this process, and I deposit or cash the check, then I will be held liable for the refund of the check and any fees assessed.**

In addition, I understand that this affidavit must be COMPLETED, SIGNED, and RETURNED TO THE SDU before a check can be re-issued.

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check. My signature below indicates I have read and agree to the terms of the process discussed above.

Under penalties of perjury, I declare I have read this document and the facts stated are true.

Requestor Signature

Date

(Area Code) Home Phone

(Area Code) Work Phone

