

STATE OF FLORIDA DISBURSEMENT UNIT

Affidavit

I, _____ residing at _____

In the City of _____ County of _____ and the State of _____

Case Number(s) _____

Hereby request the following:

STOP PAYMENT –Please check reason below for the stop payment request. Enter information for ONE CHECK. **AN AFFIDAVIT NEEDS TO BE COMPLETED FOR EACH LOST OR STOLEN CHECK.**

<input type="checkbox"/> Lost Check	<input type="checkbox"/> *Stolen Check	<input type="checkbox"/> Stale Dated
Check # _____ in the amount of \$ _____ Dated: _____		
*If the check was stolen a police report needs to accompany the completed, signed, and notarized affidavit.		

Return Form TO
 STATE OF 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 accurately and fully reported to the State Disbursement Unit (SDU) all the information, knowledge or facts that I possess concerning the disbursement and should anything else concerning the disbursement come to my attention, I will immediately report the information to the State Disbursement Unit. I understand that if I receive the missing disbursement check, during any part of this procedure, and I negotiate (deposit or cash) the check, then I will be held liable for the refund of the negotiated instrument and any fees assessed.

In addition, I clearly understand that this affidavit must be COMPLETED, SIGNED, AND NOTARIZED and RETURNED TO THE SDU BEFORE A CHECK CAN BE REISSUED. IF THE CHECKS WAS STOLEN, A POLICE REPORT MUST ACCOMPANY THIS AFFIDAVIT.

This affidavit is made voluntarily and for the purpose of establishing the claim of the referenced check.

My signature below indicates you have read and agree to the terms of the procedure discussed above.

(Notary Required)

SS Number _____

 Requestor Signature

Sworn to and subscribed before me this _____

 Home Phone Work Phone

day of _____, 20____

 Date

 Notary Public

 My commission expires: