

MEMO TO REQUEST A STOP PAYMENT

Date

Requestor Name:

Phone #

Agency Name:

Business Unit:

Payment ID:

Voucher #:

Payment Date

Amount:

Payee/Supplier Information: Supplier ID Number:

Payee's name:

Payee's Address:

City:

State:

ZIP

Action Request:

Reason For Request:

Authorized Signature: _____

Complete section below if the new warrant is to be mailed to a different address (Two signatures required).

Authorization for SWIFT Suppliers (With a Supplier ID Number):

(Check Appropriate Box)

I authorize the warrant to be mailed to the new address, and the supplier has authorized the new address to be updated in the SWIFT supplier file by MMB.

Authorization for Subsystem Supplier (Without a Supplier ID Number):

I authorize the warrant to be mailed to the new address. I also confirm that the new address has already been updated in paying agency's subsystem.

Payee's New Address:

City:

State:

ZIP

Print Supervisor Name:

Supervisor Signature: _____