

**CITY OF RED BLUFF**  
**REQUEST FOR STOP PAYMENT OF ACCOUNTS PAYABLE CHECK**

I, \_\_\_\_\_, have lost or never received  
(Payee)

the City of Red Bluff check no. \_\_\_\_\_, dated \_\_\_\_\_.

Please stop payment of the above check and issue another in its place.

**I understand that if I find or receive the check, I am to forward it to the Finance/Accounts Payable Division immediately or be held responsible for payment if it is cashed.**

I understand that the waiting period for the replacement check could be ten (10) to fifteen (15) working days.

\_\_\_\_\_  
Payee Name (print) Telephone No.

\_\_\_\_\_  
Payee Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**Accounts Payable Use Only**

Check No. \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Date bank notified \_\_\_\_\_ Spoke to \_\_\_\_\_ Confirm No. \_\_\_\_\_

Date check replaced \_\_\_\_\_ Check No. \_\_\_\_\_

Send check or call for pick-up: \_\_\_\_\_

Received by: \_\_\_\_\_