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STOP PAYMENT AFFIDAVIT

State of Texas

County of Harris

(Print Name)

being duly sworn by law, deposes and says that the following described check was not received by him/her or any person acting for him/her, or was lost after having been received.

PAYABLE TO: _____

CHECK
DATE: _____

CHECK
AMOUNT: _____

CHECK NO: _____

ACCT NO: _____

Said affiant request that a Stop Payment be placed on this check and that a replacement check be issued as soon as possible.

SIGNATURE

ADDRESS, CITY STATE, ZIP CODE

HOME
PHONE

OFFICE PHONE

Subscribed and sworn to me this _____ day of _____, _____

NOTARY PUBLIC-STATE OF TEXAS

COMMISSION EXPIRES