



Harris County Housing Authority

8933 Interchange
Houston, Texas 77054
Tel: 713-578-2100 Fax: 713-669-4594
www.hchatexas.org

STOP PAYMENT AFFIDAVIT

State of Texas
County of Harris

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: _____

Date: _____

Tenant name: _____

Check no. : _____

Amount: _____

Account 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