

STOP PAYMENT REQUEST AFFIDAVIT

Check #: _____

Date of Check: _____

Amount of Check: _____

Payable to: _____

I am the lawful payee of the above described instrument. I did not receive or have lost said instrument. I am requesting that a stop payment be placed on the above referenced instrument and a replacement issued. Should I receive the above described instrument in the future, I will return it to the drawer.

Should this instrument be presented for payment, I agree to fully testify to the above in any court of law and to cooperate with Mary Ida Townson, Standing Chapter 13 Trustee, Wachovia Bank N. A., and any law enforcement officials in any investigation.

Payee signature: _____

Address: _____

Phone #: _____

State of _____

County of _____

Sworn to and subscribed before me
this the _____ day of _____, 20_____

Notary Public