

CASE # \_\_\_\_\_

## STOP PAYMENT REQUEST AFFIDAVIT

CHECK # \_\_\_\_\_

CHECK DATE \_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_

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, Fifth Third Bank 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