



CITY OF MIAMI  
DEPARTMENT OF FINANCE  
STOP PAYMENT REQUEST

ACCOUNTS PAYABLE  
444 SW 2<sup>ND</sup> AVE  
MIAMI, FL 33130

To Whom It May Concern:

Please issue a stop payment for the following:

Check number \_\_\_\_\_

Date \_\_\_\_\_

Payee \_\_\_\_\_

Amount \_\_\_\_\_

The reason for this request is as follows:

Non-receipt            \_\_\_  
Damaged                \_\_\_  
Lost or misplaced     \_\_\_

The replacement check and all future payments will be deposited directly into your bank account. Please attach a void check to initiate the ACH process.

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

**Mail this completed form to the address above or fax the information to 305-400-5109.  
Please contact Mr. Donald Bolden @ 305-416-1338 or Ms Maedell Brown @ 305- 416-1981  
for questions regarding this form.**