



CITY OF MIAMI
DEPARTMENT OF FINANCE
STOP PAYMENT REQUEST

ACCOUNTS PAYABLE
444 SW 2ND 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 for 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.**