



HASLETT PUBLIC SCHOOLS
STOP PAYMENT / REPLACEMENT CHECK REQUEST

INSTRUCTIONS:

Fill in, sign, date and return this form by fax to (517) 339-1068 or by hand or mail to:

Haslett Public Schools
Attn: Business Office
5593 Franklin St.
Haslett, MI 48840

Phone (517) 339-7000
Extension 1 for Accounts Payable
2 for Payroll

PLEASE PRINT

Check Payee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Check Number: _____ Date: _____ Amount: \$ _____

Reason for requesting stop payment and replacement check:

Lost Stolen Never Received

Other: _____

I agree that if the original is recovered, it is to be returned promptly to the Business Office. I further agree that if both the original and replacement checks are cashed under circumstances resulting in overpayment to myself, I will promptly reimburse the school district for the amount of overpayment.

Signature: _____ Date: _____

Title (If Vendor Check) _____

FOR OFFICE USE ONLY:

- 1. Stop payment placed by _____ Date _____
- 2. Replacement check number _____ Date _____
- 3. Replacement check authorized by _____