



STOP PAYMENT/REISSUE REQUEST

I _____, have not received MPHA check _____
dated _____, in the amount of \$ _____. Please stop
payment for the above referenced check and issue a replacement check to be mailed to me at
the following address:

Name

Address

City/State/Zip

Phone Number

If the above referenced check is received, I agree to return it to Minneapolis Public Housing
Authority. Processing of a reissued check will be on the next available check run after
verification from the bank as to the status of the stopped check.

Signature

Date

Requestor: _____ Date: _____

Reason for Stop Payment: _____

Below is Accounting Use Only

Is the above address the same as on the replacement check? **Y or N**

Coding _ _ / _ _ / _ _ _ _ _ / _ _ / _ _ / _ _

Reviewed by A/P-A/R Manager _____ Date: _____

Reissue Document # _____ Date: _____