



## Check Stop Payment Request

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_

Amount: \_\_\_\_\_

By signing this form, I, \_\_\_\_\_, am requesting that Big Sandy Rancheria issue a stop payment on the check listed above. I agree that the check was lost or never received. I understand that the fee for a stop payment is \$25.00, and will be deducted from replacement funding. I also understand that if the above check is found after the stop payment has been issued, I am to return the check to Big Sandy Rancheria immediately and I am not to attempt to cash or deposit this check. If I attempt to cash or deposit this check after the stop payment has been issued, it is considered fraud and I may be penalized by Big Sandy Rancheria and/or the banking institution that completed the transaction.

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

For office use only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date stop payment issued: \_\_\_\_\_

Tribal Council Member Signature: \_\_\_\_\_

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