THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Accounting Operations - Accounts Payable
75 North Pace Blvd.; Pensacola, FL 32505
Phone: 429-2917

STOP PAYMENT REQUEST

Date: _____

I am the payee of check # _____ dated ____/____/_____ and issued by The School District of Escambia County in the amount of $_____ .

I am requesting that you issue a replacement check for the aforementioned check for the following reason:

- ☐ Check was never received by me.
- ☐ Check was received by me but subsequently lost.
- ☐ I sent the check to my bank _____ where it was subsequently lost.
- ☐ Check was inadvertently mutilated.
- ☐ Other - explain _____

I understand that a replacement check will be drawn **AFTER** the District receives confirmation from the bank that the original check has not been cashed, and not sooner than 10 business days after the issuance of the original check.
Further, if through some misunderstanding I am the recipient of funds from both the original and the replacement checks, either directly or through the deposit of funds with the bank, I authorize the Escambia County School District to make a one-time deduction from any available monies due me, including future earnings, of the amount improperly received.

In the event that I locate the original check, I will return the check to:

The Escambia County School District
Accounting Operations Department
75 North Pace Blvd.
Pensacola, FL 32505

I request that the replacement check be: ☐ held for pickup ☐ mailed

_____
PRINT NAME

_____
SIGNATURE

_____
ADDRESS

FOR ACCOUNTING OPERATIONS USE ONLY

Requested by: _____

Approved by: _____ Cancelled Positive Pay: _____

☐ General Clearing ☐ Employee Benefits 7120 ☐ Risk Management 7110